

## Camp Luz Youth Retreat Individual Registration *(for youth **not** registering with a group)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Email address: \_\_\_\_\_

Request for Youth Group to be paired with: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation to youth listed above: \_\_\_\_\_

Contact phone number during the retreat: \_\_\_\_\_

Please mail this along with **\$25 deposit** (or full payment) **AND** a completed **Retreat Authorization Form** to:

Camp Luz  
152 Kidron Rd  
Orrville, Oh 44667

***All registrations are due 5 days prior to the start of the retreat. Late registrations may incur a \$10 late fee.***