

Voyageurs Lutheran Ministry Retreat Registration

Please complete and send with Payment to:
VLM, 1105 E. Superior St, Lower Suite, Duluth, MN 55802

Program _____ Date _____

Participant's Name _____

Gender/pronouns _____ Date of Birth _____

Grade completed *(if applicable)* _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Home Congregation _____ City _____

Emergency Contact _____ Phone _____

Comments, medical info or food allergies _____

Please Charge \$ _____ to my ___ Visa ___ Master Card ___ Discover Card # _____ Exp. Date _____ Signature _____

Additional information for youth programs:

Parent/Guardian _____ Phone _____
(please print name)

My child has permission to participate in this program at Voyageurs Lutheran Ministry. I give my permission for the church or camp staff to obtain the services of a licensed physician for my child in the case of a medical emergency. I understand that every effort will be made to notify me in the event of such emergency. I also give permission for pictures and video taken of my child to be used for promotional purposes, including the VLM website, Facebook page and Instagram account.

Signed (parent/guardian) _____ Date _____