

CAMP HEBRON GUEST GROUP ROSTER

Required for Insurance purposes (in case of emergency) & will be used to contact the owner of any items that end up in the lost and found.

Group Name: _____ Retreat Date: _____ Facility: _____

NAME	STREET ADDRESS CITY, STATE, ZIP	HOME PHONE # CELL PHONE #	E-MAIL ADDRESS	Room, cabin, shelter #	Here with parent (Yes or No)	AGE *	Add to lists (Yes or No)	
							e-mail	Snail mail
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* Banquet guests ages 11 & up and all other guests ages 18 & up, please use the letter A

** Please note, if you do not fill in these columns, you will automatically be placed on our mailing/electronic mailing lists.

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