



PILGRIM PINES
CAMP AND CONFERENCE CENTER

**Young Adult Retreat
Registration Form**

Each participant who wishes to register individually will do so by mailing this form and health form, with payment, directly to Pilgrim Pines. If coming with a group from a UCC church, please submit your registration form to the coordinator from your church. The church will mail your registration form along with the others. Church Coordinator: please send a complete list of all participants with individual forms.

Name:		Date:	
Street or Mailing Address:			
City	State	Zip	Daytime Phone
Cell Phone	Church		

Payment may be made with check, money order, or credit card. **Your payment, with this form, is due no later than June 1, 2010 to avoid a late fee of \$10 per person.**

Rate Per Person \$25.00 (+ \$14.00 for the night). Total Amount Enclosed: _____

If paying by credit card, please provide the name on the card, the card number, the expiration date, and the 3 digit Security Code from the back of the card.

Name _____, Card Number _____
 Expiration date _____ 3-digit security code _____
 Amount to be charged \$ _____
 Signature Authorizing Credit Card Charge _____ Date _____

Please list any specific food requests, allergies or dietary needs, including nuts, lactose or gluten free, etc.

Please indicate if you will need sleepover accommodations Tuesday night (based on a first come first served basis).

Please contact **Pilgrim Pines Camp** with any additional questions.
 39570 Glen Rd., Yucaipa, CA, 92399
 Phone: (909) 797-1821 or (800) 616-6612 Fax: (909) 797-2691
www.pilgrimpinescamp.org