



ADULT Registration Form

Please mail form to:
Camp Ewalu
37776 Alpha Ave.
Strawberry Point, IA, 52076

You can also:
Phone: 563-933-4700
Email: office@ewalu.org

Event / Retreat Name: _____

Please fill out the registration form (one for each participant) and submit at least two weeks before the retreat occurs.
For details about each event, visit our website or contact our office for more information.
*Use this form only if participant is 18 years old or older, otherwise use youth registration form.

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Phone (home and cell): _____

Email: _____

Gender: Male / Female _____ Date of Birth (mm/dd/yyyy): _____

Church Name: _____ City: _____

Contact Person in Case of Emergency: _____

Emergency Contact Phone: _____ Relationship: _____

Special medical or mobility concerns: _____

Dietary Needs: ___ Nut allergy ___ Vegetarian ___ Gluten Free ___ Dairy Free ___ Food dye

Other (please list): _____

Method of Payment:

Payment Enclosed: \$ _____

Payment Type: Cash Check (payable to Camp Ewalu) Credit Card (Visa, Discover, Master Card)

Cardholder: _____

Card #: _____ CSC #: _____ Exp. Date: ____ / ____

To the best of my knowledge, all registration and health information for the person described herein is correct. I hereby acknowledge my voluntary participation in all camp activities, including but not limited to: the Cooperative/Ropes Course, activities involving horses and horseback riding, and trips off-site in camp vehicles, except as noted here _____ and agree that the camp, its staff, and the horses' owners will not be held responsible for any accidents or personal injury arising therefrom. I authorize the medical personnel or staff selected by the camp director to secure any medical or emergency treatment deemed necessary for the named above. In the event of an accident, injury, or illness, the insurance of the registrant named above is primary. I agree that the camp or its staff will not be held responsible for lost or damaged personal property. I also grant permission for pictures or video taken of me to be used in publications and promotional materials.

Signature

Date