

# 23rd Annual JOY Celebration

May 18-20, 2017

Camp Maranatha

## OUR JOURNEY WITH THE LORD

Registration: **\$25.00**—Includes all sessions, food and room at campground

Please try to have your registration in by **May 5, 2017**

You can arrive any time after **4:00pm** Thursday

Make your check payable to the **Church of God of Prophecy, P.O. Box 699, Jamestown, NC 27282**

NAME \_\_\_\_\_ Male/Female \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

If you have health problems please check: Fainting\_\_\_\_ Convulsions\_\_\_\_ Kidney trouble\_\_\_\_ Heart Trouble\_\_\_\_  
Diabetes\_\_\_\_ Asthma\_\_\_\_ High Blood\_\_\_\_ Other \_\_\_\_\_

Please list all medications you are taking \_\_\_\_\_

In case of Emergency contact \_\_\_\_\_

I understand that every effort will be made to contact my family. In the event they cannot be reached, I hereby give my permission to the physician selected by the retreat director to hospitalize, secure proper treatment, to order injections, anesthesia or surgery for me. I understand hospital insurance is provided as a secondary insurance by the camp for any accident or injury received at the retreat. Any accident or sickness that I may have prior to the retreat is my own responsibility and Camp Maranatha or the Church of God of Prophecy will not be liable.

Signature \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Policy \_\_\_\_\_ Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

**Please check (v) here if you are planning to stay on the campground \_\_\_\_\_**

**\*You will need to bring bed linens, towels, etc.**

Office use only: Date received \_\_\_\_\_ Amount received \_\_\_\_\_