

# WCW REGISTRATION

## Personal Information

First and Last Name		
Primary Phone		
Address		
City	State	Zip
Email		
Church Name		
City and State		
Roommate Request		

## Health

Please list any allergies:
Please list any health/mobility concerns we should know about:

## Conference Cost

Retreat Cost	\$199
Pastor's Wife Discount (-\$20 per attendee from church)	
Staying Offsite (optional)	-\$15
Lodge Room	+\$15
Paper Processing Fee (Register online to avoid fee.)	+\$10
Event Total:	\$
Amount Paid:	\$
Balance Due:	\$

## Form of Payment

Check #	Cash	
Name on card		
Card #		
Exp	CVV	Zip

## Consent Form

I I will not hold or attempt to hold Independent Fundamental Baptist Fellowship and Camp CoBeAc liable for any loss, damage, or injury to person or property caused by an act or neglect of other persons, caused in any manner other than the willful or negligent act of Independent Fundamental Baptist Fellowship and Camp CoBeAc, its agents and employees, and will indemnify and hold the Independent Fundamental Baptist Fellowship and Camp CoBeAc harmless from any liability for damages or claims against the Independent Fundamental Baptist Fellowship and Camp CoBeAc arising out of or in any way related to any such loss, damage, or injury. I release the Independent Fundamental Baptist Fellowship and Camp CoBeAc, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. I/We hereby give permission to the medical personnel selected by the Independent Fundamental Baptist Fellowship and Camp CoBeAc to secure administer treatment and to maintain and/or release any medical records necessary for insurance purposes. The Independent Fundamental Baptist Fellowship and Camp CoBeAc does not provide secondary insurance. I understand that I will be expected to pay any medical expenses through my medical insurance company and guarantee payment for services not paid by insurance. I understand that I must sign this form in order to attend Camp CoBeAc.

Registration forms can be submitted by:

**Email:** [yes2camp@cobeac.org](mailto:yes2camp@cobeac.org)

**Mail:** 4925 S. Reserve Rd.  
Prudenville, MI 48651

If you have any questions, please call us at 989-366-5162.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_