

# Superteen Retreat

## Phantom Ranch Bible Camp

W309 S10910 County Road I

Mukwonago, WI 53149

Phone: 262-363-6940

[www.phantomranch.org](http://www.phantomranch.org)

prbc@phantomranch.org

**December 14-16, 2018**

**Register Online:** [phantomranch.org/events](http://phantomranch.org/events)

**Register by Mail:** Return included form (one per student) with your payment .

**What to Bring:** The cabins have bunk beds and complete bathroom facilities including a shower so bring bedding or sleeping bag for a single bed, towels, and toilet articles. Also **bring your Bible, pen and paper**. Pack appropriate clothing for cold weather conditions.

**Do Not Bring:** video games, guns, knives, alcohol, drugs, or tobacco. Any of these prohibited items will be taken, with all legal items returned on the last day of the session. Phantom Ranch does not allow such items and will not be responsible for them.

**Insurance coverage:** Phantom Ranch Bible Camp provides excess medical coverage up to \$10,000 per accident/individual to help with deductibles not covered by individual insurance and exceeds the limit of the group's secondary medical coverage.

**The retreat fee is \$99.00 per person for 2 overnights, 5 meals. \$115 for registrations after December 4.**

Make checks payable to Phantom Ranch Bible Camp.

**Retreat Date: December 14-16, 2018**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Male [ ] Female [ ]

Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

\_\_\_\_\_

**Emergency release** must be completed and signed by a parent or guardian if the participant is under 18 years of age.

I hereby give permission for my son/daughter to attend the Phantom Ranch retreat and to participate in all aspects of the program as approved by the Executive Director.

In the event of emergency I give permission for my son/daughter to receive treatment the Phantom Ranch Staff, physician or hospital deems necessary due to injury or illness. In the event of emergency the parent/guardian will be contacted as soon as possible.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/Group No. \_\_\_\_\_