

Group Summer Registration Form

Thank you for choosing Briarwood Retreat Center for your church's summer camp!
The information you provide below, along with your deposit, will hold your Group Reservation.

Group Contact			Cell Phon	e
E-mail Address			Work Phor	ne
Congregation				
Church Address				
City			City/Zip	
Program (Yearling, Horse Camp, etc.)				
Program Date (First Choice)				
Program Date (Second Choice)				
Use separate Group Summer Registration Form for each program				
Number of Camper	s - Male:	Female:		-
Number of Adults -	Male:	Female:		-
Total Reservations:				
Deposit (\$100 per h	neld registration): e held until deposits are	\$ e received.	_	

Once we have received your Group Registration, we will contact you with a confirmation e-mail. We will also send you a Camper Information Form to fill out, which will allow us to register all the campers into our new on-line registration system. The parents will then be contacted to complete the registration process on-line (medical, insurance, etc.).

Thank you for your continuing support of Briarwood and its ministry!

Phone: 940-241-2099

E-mail: bw@briarwoodretreat.org

Fax: 940-455-2157

Phone: 940-241-2099

E-mail: bw@briarwoodretreat.org

Fax: 940-455-2157