

## Voyageurs Lutheran Ministry Retreat Registration

Please complete and send with Payment to:  
VLM, 1325 N 45th Ave E Duluth, MN 55804

Program \_\_\_\_\_ Date \_\_\_\_\_

Participant's Name \_\_\_\_\_

Gender/pronouns \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade completed *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Congregation \_\_\_\_\_ City \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Comments, medical info or food allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Charge \$ \_\_\_\_\_ to my \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### Additional information for youth programs:

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
*(please print name)*

My child has permission to participate in this program at Voyageurs Lutheran Ministry. I give my permission for the church or camp staff to obtain the services of a licensed physician for my child in the case of a medical emergency. I understand that every effort will be made to notify me in the event of such emergency. I also give permission for pictures and video taken of my child to be used for promotional purposes, including the VLM website, Facebook page and Instagram account.

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_