



# Quest 2K8 - Life as a Pilgrimage Youth Retreat Registration

Registration Deadline: March 21, 2008!!

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Birth date (m/d/y): \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

Yes! I would like a t-shirt! Circle T-Shirt Size: S M L XL XXL

My check is enclosed for \$ \_\_\_\_\_ or by credit card :-

Long Sleeve \$15  Short Sleeve \$13  XXL \$2 extra

(circle one) Visa/MasterCard/Discover # \_\_\_\_\_

Expiration Date \_\_/\_\_/\_\_ Security Code \_\_ (3 digit on back of card)

Name on card \_\_\_\_\_

**Ministry Treks! These are optional & available on a **first-registered** basis. **Trek registration deadline is March 7, 2008.****

Please check **only one** of the following options:

**Drama** Prior experience with this trek? Y/N

**Peer Ministry** Prior experience with this trek? Y/N

**Music** Prior experience with this trek? Y/N Years played \_\_ Instrument played \_\_\_\_\_

**Sacred Art/Space/Liturgy** Prior experience with this trek? Y/N

**Pre-Trek Day - Saturday March 15<sup>th</sup>, 10am – 2pm, at Christ Episcopal Church, Denver. Attendance is required**

**Yes!** I can attend the pre-gathering! (Treks only)

I will need help acquiring overnight accommodations for the Pre-Trek day

Youth Leader: \_\_\_\_\_ Payment: \$100.00

Father's Name: \_\_\_\_\_ Work or Cell Phone: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone: ( ) \_\_\_\_\_

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

**Please list any dietary and/or medical needs or physical limitations your child might have or any other information we should know about:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby release the Episcopal Diocese of Colorado and its staff and sponsors from any responsibility and liability for any injury or illness that my child may sustain during the above listed activity. In the event of an emergency, I hereby authorize an adult leader of this activity to act as an agent for me to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible.*

*I authorize use of my or my child's photograph in slides shown at Quest and in future usage for publicity purposes*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_

Questions? Call Catie Greene or Meg Stern at 303-837-1173 or  
email to [cgreene@coloradodiocese.org](mailto:cgreene@coloradodiocese.org) or [mstern@coloradodiocese.org](mailto:mstern@coloradodiocese.org)