

Sunday, July 18 -Thursday, July 22



Panama City Beach, Florida

2010 BIGSTUF BEACH RETREAT REGISTRATION

Cost is \$470. Make checks payable to Cove Church with student name and bigstuf in Memo line.

Name _____ (as of May '10) _____
Grade Completed Gender Date of Birth Today's Date

Address _____ City _____ Zip Code _____

Home Phone _____ Student Cell Number _____ Student Email Address _____

Roommate Preference (1 only) _____ Check No. Cash \$ _____ Amount

Emergency and Contact Information

Parent/Guardian Email Address (For email notices about trip) _____ Parent Work Phone (mother or guardian) _____ Parent Work Phone (father) _____

Name of Mother and Father /Guardian _____ Cell Phone (mother/guardian) _____ Cell Phone (father) _____

Additional Name Emergency Contact/Relation _____ Day Phone Number _____ Evening Phone Number _____

Insurance/Medical Information

Health Insurance ProviderName/Name of Insured/Group /Contract No. _____ Drug or Food Allergies or Information we need to know _____

**Please attach copy of Health Insurance Card/front and back and
Notarized Release Form required by Bigstuf.**

I grant permission for _____ to participate in the youth activities sponsored by Cove Church of Owens Cross Roads, AL. I authorize the paid staff members and/or adult volunteers to secure medical assistance for my child in the event that such becomes necessary. I give Cove Church the right and permission with respect to photographs or video that are taken of my child.

Parent/Guardian: _____
Signature Date

For more information visit bigstuf.com