

# SNOW CAMP GROUP REGISTRATION FORM



## Rocky Mountain Mennonite Camp

Youth Group: \_\_\_\_\_

709 County Rd 62  
Divide CO 80814  
www.rmmcamp.org

719-687-9506  
Fax 719-687-2582  
info@rmmcamp.org

Check Retreat:  **Jr. High** Snow Camp (February)  **Sr. High** Snow Camp I (February)  **Sr. High** Snow Camp II (March)

NOTE: A completed **AUTHORIZATION FOR MEDICAL TREATMENT** form is required for each youth participant!  
If the church is paying part of the registration fee, please indicate the amount in the Church Campership column

Sponsor Name	N/A	Phone #	Email Address	N/A	M/F	Church Campership
Youth Name	Parents Name	Phone #	Family Email Address	Grade	M/F	Church Campership

