

DATE: SEPTEMBER 2-5, 2011

LOCATION: SOUTHWIND

TIMES: LEAVE FRIDAY @ 4:30
RETURN MONDAY @ 4:30

COST: **\$165**

(NO SCHOLARSHIPS AVAILABLE; TO EARN MONEY TOWARDS BREAKAWAY SELL COUPONS LOCATED IN THE SHOP)

**BREAK
AWAY**

SEPTEMBER 2-5, 2011

BREAK

AWAY

COUNT THE COST.

IN THE EVENT OF AN ACCIDENT, INJURY OR ILLNESS; AND IF ALL REASONABLE EFFORTS TO CONTACT ME HAVE FAILED, I HEREBY GIVE ATTENDING PHYSICIANS OR AUTHORIZED MEDICAL PERSONNEL CONSENT AND PERMISSION TO PROVIDE

STUDENT'S NAME

WITH ANY NECESSARY TREATMENT, INCLUDING X-RAYS AND MEDICINE.

DATE

PARENT SIGNATURE

BRIEF MEDICAL HISTORY INCLUDING ALLERGIES OR SPECIAL NEEDS.

EMERGENCY CONTACT AND NUMBER

INSURANCE INFORMATION:

CARRIER:-----

POLICY #:-----

**FILL
THIS
OUT!**

**IMPORTANT
INFORMATION**

COUNT THE COST.

MOSES DID THE MATH.

HE WEIGHED THE OPTIONS.

HE COUNTED THE COST.

HE LOOKED TOWARDS THE PRIZE.

WILL YOU?

**RETREAT
SERIES**