

February 15 – 18

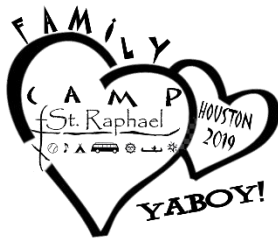
You have heard of your child's wonderful experience at Camp St. Raphael in the summer!

NOW it's time for you to SHARE that experience!

Cost: \$400 per family
\$150 commuter family*

Includes Lodging* and All Meals
Kaiserhof Retreat Center
22610 Tuwa Rd. Tomball, TX 77375

*lodging not included in commuting fee



REGISTRATION FORM

February 15-18, 2019

President's Day Weekend

Father's Name: _____ Email: _____

Mother's Name: _____ Email: _____

Child #1's Name: _____ DOB: _____

Child #2's Name: _____ DOB: _____

Child #3's Name: _____ DOB: _____

Child #4's Name: _____ DOB: _____

Family Address: _____

City: _____ State: _____ Zip: _____

Parish (Name & City): _____

Father's Cell Number: _____ Mother's Cell Number: _____

Registration Fee

Fees begin at \$400 for four family members, and \$50 for each additional family member, up to a maximum of \$500 for the entire family. Each room sleeps four people comfortably. Sleeping arrangements for young infants should be planned accordingly

Release of Liability

I/We understand that my/our insurance coverage for my/our family will be used as primary coverage in the event medical intervention is needed. I/we further understand that I/we will be responsible for any expense not covered by my insurance. I/We understand all reasonable safety precautions will be taken at all times by the Staff of the Camp St. Raphael Family Camp. I/we understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold the Antiochian Orthodox Christian Archdiocese, St. Anthony the Great Orthodox Christian Church, Camp St. Raphael, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subjects of this form. I/We agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, St. Anthony the Great Orthodox Christian Church, Camp St. Raphael, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts omissions of the subjects of this form.

Parent(s) Signature: _____ Date: _____

Deadline to Register is February 8th – Please return this form and registration fee to:

7202 FM 2920 ~ Spring, TX 77379

Checks should be made payable to: St. Anthony Church