

Father/Son Retreat Registration



Mail completed registration and \$60 per Father/Son by October 27th.

Note: \$20 per additional son.

Mail to: Camp Rea	Arrow PO BOX 30 Stevensburg, VA	1 22 141
Mom's Name:	Phone #:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Email Address:		***********************
Mailing Address:		**************************************
Son's Name:	Age: Grade:	*This retreat is
Son's Name:	Age: Grade:	for sons 7 years old
Son's Name:	Age: Grade:	
	r own, please bring a signed permission fro	om the child's parent.
More than one family will be t	ogether in each cabin. We will honor co	abin mate requests
as space allows. Please write cal	bin mate requests here:	
*I hereby give permission by my signature below	for the dates indicated. I release CBM of Virginia and Camp	Red Arrow and staff from any
liability in connection with these activities. I also p	promise to hold CBM of Virginia and Camp Red Arrow and	staff harmless and indemnify

Parent/Guardian Signature (Effective Dates: November 4-5, 2022)

camp photos and videos.

CBM of Virginia and Camp Red Arrow and staff in case of a lawsuit. Registration constitutes permission to use you/your child's image in