

# REPLENISH 2025

**FRIDAY - SUNDAY, JANUARY 17 - 19**

*A youth retreat for grades 6 -12*

## Youth Group Registration Form

Detach Registration Form below, fill out completely, and return to your youth leader along with your registration payment by \_\_\_\_\_.

**Pricing on or before 12/13/24:** \$105 Regular | \$90 Commuter

**Pricing after 12/13/24:** \$115 Regular | \$101 Commuter

+ \$10 late fee for all registrations received after 1/10/25.

## at MAHAFFEY CAMP & CONFERENCE CENTER

[www.mahaffeycamp.com](http://www.mahaffeycamp.com)

[office@mahaffeycamp.com](mailto:office@mahaffeycamp.com)

(814) 277-5544

with Main Speaker  
**BRIAN CONNOLLY**



All students will receive an email confirmation one week prior to the retreat, with a full list of what to bring.

## REPLENISH 2025 at Mahaffey Camp

### Youth Group Registration

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: M / F

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact (Name, Relation, Phone #): \_\_\_\_\_

Allergies or other health concerns: \_\_\_\_\_

**T-Shirt Pre-Order** (only available until December 13). Shirts are \$18 each. Limited extra shirts and other camp merch will be for sale at the retreat for \$22/each.

Circle Color: Black Forest Green Navy Blue Circle Size: S M L XL 2XL (add \$2) 3XL (add \$4)

#### Release Agreement:

On behalf of the registered individual, by signing this waiver, I affirm that I recognize the various activities that may be taking place at this event, and I hereby agree to hold harmless Mahaffey Camp and Conference Center, all of its staff and volunteers, The Western PA District of the Christian and Missionary Alliance, and anyone affiliated with the above mentioned organizations, in the case of injury, illness (including transmission of diseases such as COVID-19) or any other harm that may occur as a result of this event. In the case of an emergency, I give permission for the Camp Director, or other camp staff, to secure necessary medical treatment for this individual. I permit this camper to receive over-the-counter medications if needed, as supervised by the camp nurse or camp staff. I also agree for pictures and videos of this individual to be used for promotional purposes by Mahaffey Camp & Conference Center, as well as other partnering organizations involved in this event.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_