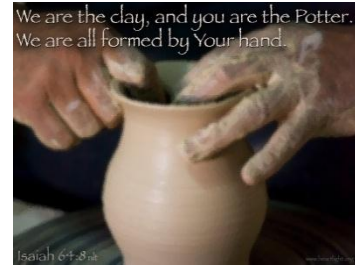


# Created by God



## **Girls' Retreat at Camp Hope**

Friday, January 27<sup>th</sup> 7pm - Sunday, January 29<sup>th</sup> 1pm

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Your Church \_\_\_\_\_

Have you been to Camp Hope before? \_\_\_\_\_

If so for what camp? \_\_\_\_\_

Favorite food? \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent's Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Please return with completed health form and \$70 payment  
(made payable to EDEB) by Dec. 30<sup>th</sup> to:

Mountainview Moravian Church  
331 Constitution Ave.  
Hellertown, PA 18055