WQ Registration Form

Please mail by

Dec. 27th

Name			
	Birthdate//		
Gender: M / F (circle one)		
Address			
City/State/Zip _			
Parent's Name			
Home Phone			
Church Name _			
Emergency Con	tact		
Relationship			
Phone			
Local Chapter	E □SW □FM		
Shirt Size (In add	,		
	d you to WQ, please write his or		
	completed registration form with to the following address:		
WQ CEF of I	ND		

9225 66th Ave NW Bowbells ND 58721

Make checks payable to CEF.

Por office use only
Date recv'd ____
Dep recv'd ___
Check # ___

WONDEAUC WHAT TO BRANC?

- o Bible/notebook/writing utensils
- o Toiletries (soap, shampoo, toothbrush, etc.)
- o Towel
- o Sleeping bag and pillow
- o Extra blankets (if desired)
- o Clothing suitable for cold weather (coats, boots, scarves, gloves, snowpants, etc.)

Please Remember...

Now you can..... Register Online

see web address

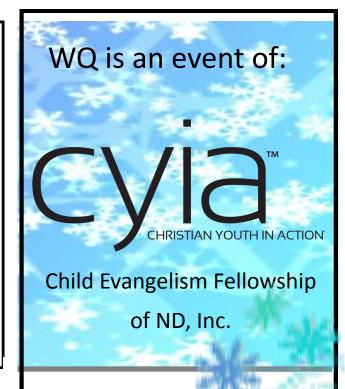


Child Evangelism Fellowship of ND, Inc.

Learn more about WQ @ www.ndcef.com

or contact Todd Erickson, (701) 339-8417 toddandkim@ndcef.com

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We'll see you...
january 9-11, 2015

WQ = Winter Quiescence a time to pause and reflect



january •

9-11, 2015







Come to WQ!

- Meet new friends
- Play snow games
- Be Challenged &Encouraged in yourWalk with God

Learn more about WQ @ www.ndcef.com



WQ is a retreat for teens, ages 13-19. Activities include:

Games ● Teaching from God's Word

Music ● Snow sports ● Quiet time with God

At WQ, you'll also learn about the *Christian* Youth in Action® (CYIA™) program.

WQ will be chaperoned by CEF staff and screened adult volunteers.

Location

Crystal Springs Baptist Camp, near Medina, ND just 65 miles east of Bismarck, ND.

Transportation

Please contact your local director regarding transportation even if you intend to arrange your own. If you plan to arrange your own transportation to WQ, see the following website for a map:

www.csbcamp.org and click on "Contact Us".



Check-In: Fri., Jan. 9, 9:00 pm.

Check-Out: Sun., Jan 11, 12:00 noon
Please plan to arrive and depart at these times.

Insurance & Health

Each student is insured against injury. Please fill out the permission form *completely* to ensure your healthcare in case of an emergency.

Registration Fee

\$90, please make payable to *CEF*Please send a \$20 (non-refundable) deposit with your registration. The balance is due upon your arrival.

Guardian Permission/Release

I give permission for my child's picture to be taken for promotional purposes for Child Evangelism Fellowship of North Dakota, Inc.

I understand that every precaution to ensure my child's safety and well-being during this event has been taken. I hereby release Child Evangelism Fellowship of North Dakota, Inc., its agents and employees from any and all liability for all personal injuries known or unknown that my child may incur while participating in activities conducted, sponsored, or associated with this event.

Also, in the event that I cannot be reached in the case of emergency, I authorize a physician selected by the coordinator of this event to administer emergency treatment.

Parent/Guardian's Name (please print clearly):	
Signature:	
Date:	

Health Insurance Information

Carrier:	····
Subscriber's name: _	
Policy #:	
Health Group #:	

Health Information

Dietary Restrictions:	
Allergies:	
Other medical concerns:	