



# Confirmation Retreats

*Now you are the body of Christ and individually members of it.* I Corinthians 12:27

**Registration Sheet** Fax: 812-356-4002 or mail to: P.O. Box 127 Merom, IN 47861

Registrations are due by the first of the month for the date you are attending.  
Last-minute decisions are accepted. Adults must complete a background check for Merom.

\_\_\_\_ January 25-27, 2019

\_\_\_\_ February 8-10, 2019

We ask that you provide one adult for every 10 youth.  
Adults and youth pay the same fee and complete the same forms.  
We will help your adult to child ratio by combining with other confirmation classes.

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Church: \_\_\_\_\_ Assn: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long is your confirmation program? \_\_\_\_\_ 1 year \_\_\_\_\_ 2 years other: \_\_\_\_\_

Confirmation class: \_\_\_\_\_ Number of male youth  
 \_\_\_\_\_ Number of female youth *One check per church, please*  
 \_\_\_\_\_ Number of male chaperones  
 \_\_\_\_\_ Number of female chaperones  
 \_\_\_\_\_ Total attending x \$100 = \$ \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_  
Date Received \_\_\_\_\_

Attach covenant and health forms for each person attending the retreat.

Each person should bring:  
Bible            Towels  
Bedding        'gym' shoes  
Personal items

Each church should:  
Bring a display or pictures of your church to share.  
Prepare a piece of our Sunday worship service based on I Corinthians 12:27.  
Plan to come and meet others.  
Bring warm clothing.

*All adults must have current safe church paperwork on file to participate in this program.*

**Questions? Merom 800-313-4511**



# Confirmation Retreats

## Adults/Mentors Attending with Youth

Fax: 812-356-4002 or mail to: P.O. Box 127 Merom, IN 47861

*Please call or fax intent to come by the first of the month attending so we can begin safe church procedures.*

Please list the adults that you believe will be attending the Confirmation Retreat with your church.  
*Praesidium background check must be completed through email response prior to arrival.*

---

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

---

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Questions? Merom 800-313-4511**

**Registrar for events: Linda Land [linda@merom.org](mailto:linda@merom.org)**