Clear View Retreat Pastor/Missionary Registration Form

Full time missionary			
First			
City:	Stat	te:	_Zip:
Phone #:			
Name of Church/ministry:			
	•		ule visit for my
2/	/ /	3/_	/ /
	First City: Church/n I need and/or	First State Phone #: Name of Church/ministry: □ I need to request an and/or my family's	FirstState: Phone #: Name ofName ofChurch/ministry: I need to request an off-sched and/or my family's retreat.

Family Members coming with you to CVR	Age

- If you come during a scheduled Ministry Leader Getaway, one afternoon lunch is provided, and up to five hours of childcare for after the lunch is available. All other meals are on your own.
- During off-schedule visits, no meals are provided. A kitchenette is in your private family cabin.
- Please remove all linens off beds and place all used linens in the floor of the living room upon leaving. Also, take all trash to the designated place.

Any comments or questions:

Signature to confirm reservation: Date:

IMPORTANT NOTE:

Your submission of this request form and your signed liability waiver form will act as your confirmed registration. CVR fundraises so that your family does not have to pay for this retreat. Food, lodging, and volunteer expenses add up, so please do not cancel this retreat if it is closer than 45 days to the beginning date. This will ensure we are able to continue to provide these retreats in the future and have quality volunteers willing to invest their time and talents to make these Getaways possible.