

Unleashed:

DISCOVERING THE SUPERHERO WITHIN YOU
OCTOBER 13~15, 2006



First Name:		Last Name:	
Address:			
City:	State:	Zip Code:	
Telephone Number: (area code + phone)	Email Address:	Age:	
		Gender: (Circle)	
		Male	Female

Emergency Contact	Name:	Address:	Phone:
Medical Conditions: (e.g. diabetes, epilepsy, heart conditions, ect)			
Allergies: (e.g., hay fever, strawberries, peanuts, ect.)			

To help us accommodate for your stay, please mark all that applies.
VISION cannot guarantee your preference, but will do their best at accommodating your needs

<input type="checkbox"/>	Light sleeper <i>*Wake up to every little noise</i>	<input type="checkbox"/>	Morning person <i>*Prefer waking up early in the morning</i>	<input type="checkbox"/>	Small- Prefer staying in room with 1-6 people	<input type="checkbox"/>	Top bunk
<input type="checkbox"/>	Heavy sleeper	<input type="checkbox"/>	Night person <i>*Prefer staying up late in the night</i>	<input type="checkbox"/>	Medium- Prefer staying in a room with 6-8 people	<input type="checkbox"/>	Bottom bunk
<input type="checkbox"/>	Loud Snorer <i>*Be honest. We don't want the light sleeper telling on you.</i>	<input type="checkbox"/>	Night light needed <i>*Can't sleep in the dark, we'll try, but you are at a camp site</i>	<input type="checkbox"/>	Larger- Willing to stay in a room with 8+ people	<input type="checkbox"/>	No bunk preference

To help us plan your activity needs, please mark all activities that you are interested in participating.
This will help us with supplies.

<input type="checkbox"/>	Co-Ed Volleyball	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Pampering Workshop- Makeup, Hair, and Nails	<input type="checkbox"/>	Introduction to Meditation
<input type="checkbox"/>	3 on 3 Basketball Tournament	<input type="checkbox"/>	Hiking/Nature Walks	<input type="checkbox"/>	Mini-Day Spa. How to bring the spa techniques home.	<input type="checkbox"/>	Introduction to Yoga
<input type="checkbox"/>	Co-Ed Flag Football	<input type="checkbox"/>	Cooking Contest	<input type="checkbox"/>	Queer Eye for the Straight Guy. Come and gain some easy techniques	<input type="checkbox"/>	Sleeping In

Roommate Request: *(Please note, unless other person is spouse, VISION will separate males/females) VISION is not guaranteeing roommate request, but will do their best accommodating your wishes.*

Discover the R's of Superhero Work.

Reward your hard work by attending this **retreat** where you can **relax** as you **reflect** on your past work, **refine** your skills, **refocus** on what you believe in, and **rejuvenate** for the future.

Applicant Name: _____

	Fee Per Person	Total
Early Registration		
<i>Postmark before October 1, 2006</i>	\$45.00	
Late Registration		
<i>Postmark After October 2, 2006</i>	\$55.00	
<i>No Onsite Registration.</i>		
Make Checks or Money Order Payable To: HAP and in note section indicate VISION. Please Do Not Send Cash	TOTAL ENCLOSED	

Fee's includes lodging for the entire weekend, mattresses, showers, flushable toilets, and all meals. Participants will supply the following: Bed linens/sleeping bag, pillows, snacks, toiletries, flashlight, personal belongings, medication, alarm clock, and transportation.

MAILING ADDRESS & CONFIRMATION

Please send completed forms to: May Lee, Attn: VISION Registration, 1407 Prosperity Avenue, St. Paul, MN 55106. All confirmations will be sent through email unless noted otherwise. For large group discounts, invoices, and/or questions please contact May Lee at maylee@hmongvision.org or 651-587-1208. Make checks payable to H.A.P. (Hmong American Partnership) with a memo note stating VISION.

LIABILITY RELEASE

In addition, the undersigned hereby agrees to indemnify and hold harmless the VISION organization, Girls Scouts of MN, and other camp employees and volunteers from any and all losses, claims, liabilities, damages, or right of action arising directly or indirectly out of the VISION 2006 Retreat.

RELEASE FOR MEDIA RECORDING

By participating in the VISION Retreat, I agree that VISION, Validating and Inspiring Successful Initiatives for Outreach and Networks, its employee's, or agents have the rights to take photographs, videotape, or digital recordings of me beginning on October 13, 2006 and ending on October 15, 2006 and to use these in any and all media, now or hereafter known, and exclusively for the purpose of V.I.S.I.O.N. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to V.I.S.I.O.N, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that V.I.S.I.O.N is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

REFUND POLICY

Refunds will be returned in full if a written notice is received before October 6, 2006. No refunds will be made afterwards. However, participants may substitute their registration with someone else if a written request is received prior to October 10, 2006.

UNDER AGE POLICY

If you are under 18, you must have a parent or guardian read and sign below in order for your registration to be considered validated.

I understand that my child will be attending the VISION Retreat 2006 on October 13-15, 2006. I also understand that VISION will not be responsible for anything that should happen to my child.

Parent Signature: _____ **Date:** _____

I hereby authorized that I have read all the above conditions and/or they have explained to me and I understand all of the conditions pertaining to my participation in the VISION Retreat 2006 at Camp Lakamaga.

Applicant Signature: _____ **Date:** _____