

New Jersey State Squires Retreat Registration Form

October 21, 2017

Name: _____

Address: _____

Age: _____ Squire/Squire Rose: Y/N Squires Circle _____

Day of Arrival: Saturday Morning _____

If NO, title (i.e. Counselor, Father, and brother): _____

What Squires Circle or Knights Council do you belong to? _____

Are there any food allergies or restrictions: YES / NO

If YES please list:

I authorize my child, _____ to participate in the New Jersey State Squires Retreat on Saturday, October 21, 2017.

Signature of Guardian

Print Guardian Name

In case of emergency contact: _____

Phone #: _____

Please return this form by October 13th with your payment.

Make checks payable to: **[NJ State Columbian Squires](#)**

Mail payment and registration form to:

**Squires c/o Tom Rohe
23 Foothill Avenue
Budd Lake, NJ 07828**

**E mail; trohekofc@gmail.com
Phone; 973 479-5067**