

**Northeastern Pennsylvania Synod  
Campus Ministry Overnight  
November 9 & 10, 2007  
Cost \$10.00**

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

College/University \_\_\_\_\_

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Medical Information

Name of Person to Contact in Case of Emergency \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Any allergies to foods or medicines? \_\_\_\_\_

Please complete this form online or print and mail to : Peter Bredlau,  
Muhlenberg College, 2400 Chew Street, Allentown, PA 18104

Call 484-664-3120 or email [pbredlau@muhlenberg.edu](mailto:pbredlau@muhlenberg.edu) with questions.