



SCR PARTICIPANT RELEASE OF INFORMATION AUTHORIZATION FORM

I, (name) _____ My Role: (pastor, etc.) _____ ,

I (spouse), _____ My Role: (if also on staff) _____ ,

authorize the appropriate representative of Shepherd's Canyon Retreat to share my name and contact information with the appropriate regional and/or national representatives of my denomination or network, listed in the blanks below for the sole purpose of arranging financial assistance from them for my/our participation in Shepherd's Canyon Retreat.

This authorization is given with the understanding that personal information will be shared on a need-to-know basis, and otherwise will be kept confidential.

The above information may be exchanged orally or in writing. This authorization is given of my own free will and is in effect for 120 days from the date below. I understand that I can revoke this authorization in writing at any time.

I am (We are) planning to attend the retreat on the following dates: _____

REGIONAL Person to contact: _____ Title: _____

Phone: _____ Email: _____

Denomination: _____ Website: _____

NATIONAL Person to contact: _____ Title: _____

Phone: _____ Email: _____

Denomination: _____ Website: _____

Signature (self): _____ Date: _____

Signature (spouse): _____ Date: _____

NOTE: For married couples, BOTH spouses must sign this release form if both plan to attend the retreat.

Please sign this form and send a PDF or photo of this document to: Kevin@ShepherdsCanyonRetreat.org