

2017 Event Registration form

(Registration begins June 1)

MAIL TO:

50+ RETREAT

P.O. Box 309
Waupaca, WI 54981

LAST NAME _____ First Name _____ Spouse _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (_____) _____ EMAIL ADDRESS: _____

CHURCH Name & City _____

DIRECTIONS TO SPENCER LAKE NEEDED: YES NO

HOUSING

Bring bedding for all types of housing

Please check the appropriate information.

- Couple (with restroom)
 Single Adult (with restroom)

Requested roommates: _____

- Will bring our own camper
 Will provide our own off-grounds housing
 Unit without Restroom available after other rooms fill

NOTE: Restroom units filled first according to registration dates.

Single Adults **will share** the room with others

MEAL COST

MEAL TICKETS ARE REQUIRED.

PLEASE INDICATE BELOW THE MEALS
YOU WILL BE EATING AT CAMP.

___ I am gluten-free

Thursday Dinner ___
Friday Breakfast ___ Sat. Breakfast ___
Friday Lunch ___ Sat. Lunch ___
Friday Banquet ___

MEALS CAN NOT BE ADDED ONCE YOU ARRIVE.

They can be paid for upon arrival or
paid for when sending your registration.

DISTRICT OFFICE USE:

DATE RECEIVED:

PAYMENT

EVENT Registration REQUIRED. Fee is per person:

Note early registration discounts! Postmarked by Aug. 16
Postmarked after August 16 add \$5.00 per person.

3-DAY PACKAGE— \$35.00 X ___ (# of persons)= _____
2-DAY PACKAGE: \$24.00 X ___ (# of persons)= _____
1-DAY ONLY: \$18.00 X ___ (# of persons)= _____

HOUSING

Room fee (with restroom): \$18.00 X ___ (# of persons) = _____
Room fee (no restroom): \$15.00 X ___ (# of persons) = _____
RV, Tent, Camper fee \$15.00 (per unit) = _____
Bedding: \$8.00 (per pack) X ___ (# of packs) = _____

MEALS

\$8.50 Thursday Dinner ___
\$6.00 Friday Breakfast ___ \$6.00 Sat. Breakfast ___
\$8.00 Friday Lunch ___ \$8.00 Sat. Lunch ___
\$9.00 Friday Banquet ___

Meals total: _____

Amount Enclosed \$ _____

Note: Event fee is non-refundable.

Make checks payable to WNMD

Check Cash Credit Card—additional \$3.00 processing fee

*Please check appropriate box and complete the information requested.

Mastercard VISA Amount to charge credit card \$ _____

NAME ON CARD _____

Billing address: _____

EXP DATE ___ / ___ (mm/yr) AUTH CODE (back of card) _____

CARD # _____