2019 Summer Confirmation Retreat Reservation

Church Name: _____

Church Mailing Address: _____

Church Phone Number: _____

Church Email Address: _____

Group Leader Name*: _____

Group Leader Email: _____

Group Leader Phone Number(s): _____

This should be the name of the best person to contact with questions about the details of your Confirmation Retreat.

SUMMER CONFIRMATION RETREAT OPTIONS

Please select the retreat you plan to attend.

☐ **Session One (August 11-13)** ☐ **Session Two (August 13-15)** ☐ **Session Three (August 18-20)**

GROUP NUMBERS

Please provide your best participation estimates at this time. Final group numbers, with an exact count of male and female participants, are required 15 days prior to the retreat.

Number of Female Adults _____
Number of Male Adults _____
Number of Female Youth _____
Number of Male Youth _____

- One adult is required for every 8 youth.
- Co-ed groups are required to have at least one male and female adult.
- Required adults attend free. Additional adults are full price.

For Office Use Only:

Date Received: _____

Deposit: _____

Balance: _____

IMPORTANT REGISTRATION INFORMATION

- A minimum deposit of $100 is due at the time of your registration. Total cost is $125/person.
- Final payment is due 15 days prior to the retreat.
- Cancellations must be made in writing. Cancellations made at least 15 days in advance of the retreat will receive a refund less a $25 processing fee. No refunds will be given within 15 days of the retreat.
- Registrations are processed when both the registration form and initial deposit are received. Space may be limited, so please remember to include your deposit.
- You will receive written confirmation once your registration has been processed.
- The deadline for registrations is two weeks prior to the starting date of the retreat.
- Camp Luther reserves the right to cancel this event at any time.

PAYMENT INFORMATION

Card Type: _____
Visa, Mastercard, and Discovery only please.

Number: _____

Validation Code: _____

Expiration Date: _____

____ **Check Enclosed**

Check Amount: _____

FOOD ALLERGIES

It is up to the group leader to communicate any food allergies in their group to Camp Luther at least two weeks prior to the retreat. For questions about specific accommodations or menu information please contact Ren, our Food Service Manager, at ren@campluther.com or 715-546-3647.

phone: (715) 546-3647 **email:** info@campluther.com **fax:** 715-546-2396
website: www.campluther.com

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