

Spruce Lake Winter Retreat Registration

Select the retreat your youth group would like to attend (registration based on availability):

- | | | | |
|--------------------------|-----------------------------|-----------------|--------------|
| <input type="checkbox"/> | Winter Blast 1 (ages 11-14) | Jan 20-22, 2017 | \$109/person |
| <input type="checkbox"/> | Winter Blast 2 (ages 14-18) | Feb 3-5, 2017 | \$109/person |
| <input type="checkbox"/> | Winter Blast 3 (ages 11-14) | Feb 17-19, 2017 | \$109/person |

Contact Information

Church Name _____

Leader Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Phone _____

Email _____

Group Information

Expected Numbers:

Youth (F) _____ Youth (M) _____ Adults (F) _____ Adults (M) _____

Dietary Needs/Allergies _____

Medical Issues _____

Please submit a deposit of \$25/person to reserve your spots. By signing below, you agree to bring the number of attendees listed above and understand that the deposit is non-refundable.

Pmt Enclosed: Amount _____ Billing Address _____ Check # _____

Credit Card

Exp. Date ____/____

Signature _____ Date _____