

LRCC Winter Retreat 2012 Registration Form

Please fill out completely and return to the LRCC Administrative Office

Name: _____ Congregation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

At Yoliywa:

____ March 16-18 (Sat-Mon) Elementary School

I am bringing ____ Campers at \$95/person and ____ Adult Chaperones at \$95/person.

I will be paying by:

____ Check Included (# _____)

____ Deposit Only, I'll pay the rest two weeks before the retreat

____ Full Amount \$ _____

____ Credit Card

____ Deposit Only, I'll pay the rest two weeks before the retreat

____ Full Amount \$ _____

Name on Card _____

Card Number _____ Exp. Date _____

Card Verification # (3 #s on back of card) _____

Signature _____

Please print and send this form with your deposit check if not paying by credit card to the LRCC Administrative Office at 11900 Frontier Rd. Frazier Park, CA 93225

If you have any questions about Winter Retreats, please contact us at (661) 245-3519 or Office@LRCCHome.com

Please Turn Over

Please read this important information:

-Each congregation is responsible for the health of their campers, including having the church's medical releases all weekend.

-No registrations will be accepted without a \$30/person non-refundable deposit with the completed registration from. The balance is due two weeks before the retreat begins. See our refund policy at www.lrcchome.com/refund

-All adult chaperones are required to fill out a Voluntary Disclosure Form. Find them at www.lrcchome.com/vdf

I will be bringing the following Campers:

Name/Gender	Parents' Name(s)	Address	Phone	Email

If bringing more campers, please attach another page.

I will be bringing the following Adult Chaperones:

Name/Gender	Address	Phone	Email

Dietary Preferences:

Allergies: