



Retreat Registration Form

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Congregation & City: _____

I (or my child) has permission to take part in all retreat activities, we agree that the camp and its personnel will not be responsible for accidents arising thereof. I am responsible for any medical obligations incurred during the camping period and give the camp staff permission to seek medical treatment for myself (or my child) in case of injury or illness. I also give permission for use of photographs which include myself (or my child) to be used for camp publicity.

Participant Signature: _____

Signature of Parent/ Guardian: _____
(If participant is under 18)

Insurance Carrier: _____

Name of Insured: _____

Group/ Policy #: _____

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Event Title: _____

Event Cost: \$ _____ Total paid: \$ _____

Circle One: Check MC Visa Discover

Name on Card: _____

Authorized Signature: _____

Card #: _____

Expiration Date: ____ / ____ / ____ V-Code: _____

Registration materials should be returned 2 weeks prior to the event.
Mail all registrations with payment to Lutherhill Ministries at:
P.O. Box 99, La Grange, Texas 78945. See you at camp soon!