2011 Advent Retreat Registration Form

Please complete this form and return it along with the **$35.00** payment as soon as possible in order to reserve your space. If you are paying by credit card, please request a form from the Camp Registrar. All forms can be sent via:

e-mail (as a .pdf):
moundridge@glpby.org
fax: (314) 558-7949
mail:
Mound Ridge Retreat Center
ATTN: Camp Registrar
31 Agape Lane
Cook Station, MO 65449

Name: _____
First Last

Mailing Address: _____

_____

Daytime Phone: _____

Nighttime Phone: _____

E-mail Address: _____

Would you like to be added to the Mound Ridge e-newsletter mailing list?
____Yes ____No ____I am already receiving the e-newsletter

Dietary Restriction(s):_____

_____

Lodging Preference:

(Lodging will be handled on a first come, first serve basis. Please rate your choice 1-3.
Rooms in the Retreat Lodge and Mace are double occupancy.)

____ Retreat Lodge – Preferred roommate: _____

____ Mace Cottage – Preferred roommate: _____

____ Osage Cabin

Optional linen service is available for the Retreat Lodge and Mace. You will be notified before the retreat of your rooming assignment so that you may plan accordingly. Preferred roommates must list each other in order to secure the room assignment.

For office use only

_____
Date Received