



Camp LuWiSoMo
Women's Retreat Weekend
Registration Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

E-mail: _____

Roommate Preference: _____

As registration for the retreat grows, it may be necessary for participants to share rooms, as space is limited. If you are attending the retreat with someone, please consider requesting roommate preferences, as this will help the housing process.

Retreat Price is \$99.00 per person based on triple occupancy, includes room, food and study materials. Other prices for room configurations are available please ask.

Please select weekend you will attend:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Feb. 13-15 | <input type="checkbox"/> Sept. 11-13 |
| <input type="checkbox"/> Mar. 27-29 | <input type="checkbox"/> Oct. 16-18 |
| <input type="checkbox"/> May 8-10 | <input type="checkbox"/> Nov. 13-15 |

***Check in starts at 4:00pm on Friday ~ Check out is at 11:00 am on Sunday**

Please charge my credit card Payment Amount \$_____

Credit Card # _____

Exp Date ____/____ **Security Code** _____

- ☐ **Check enclosed – Please make checks payable to Camp LuWiSoMo, Inc.**

Email: retreats@luwisomo.org **Fax:** 920.240.4360 **Phone:** 920.622.3350

Mail To: Retreat Registration - Camp LuWiSoMo, Inc.
W5421 Aspen Road
Wild Rose, WI 54984