

**LAKESHORE AVENUE BAPTIST CHURCH**  
**2022 ALL CHURCH RETREAT REGISTRATION FORM**  
**August 5-7, 2022**

*Fees this year are based on registration deadlines. If you are able to register by May 27, you are eligible for the Early Bird registration fee. The regular registration fee deadline is June 15.*

**Siden Conference Center**

Regular Fee	Early Bird Discount	Late Registration Fee
<input type="checkbox"/> Adult (double occupancy) \$225	Early Bird special \$195	After June 15 \$250
<input type="checkbox"/> Adult (single occupancy) \$425		After June 15 \$450
<input type="checkbox"/> Family of 3* \$450	Early Bird special \$400	After June 15 \$475
<input type="checkbox"/> Family of 4* \$475	Early Bird special \$425	After June 15 \$500
<input type="checkbox"/> Youth/teen rate \$125	Early Bird special \$100	After June 15 \$150
*children 3 and under are free		

A limited number of scholarships are available for those with financial need. Scholarships will be pro-rated based on above fees and deadlines.

If you would like to contribute to the scholarship fund, we encourage you to do so!

**Other:**

RV Hook-up \$115       Day Use \$90       1 Night/Day Use \$150

**Church Member Information:**

Name: \_\_\_\_\_ Gender: M\_\_\_\_ F\_\_\_\_

Phone: Day (    ) \_\_\_\_\_ Evening (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Youth – Grade in Fall: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Requested Roomate: \_\_\_\_\_

Special Food Requirements: \_\_\_\_\_

Special Room Requirements: \_\_\_\_\_

Transportation Needed: \_\_\_\_\_

**I am available to take \_\_\_\_\_ passengers to camp.**

**Payment information – Include registration fee with registration form:**

(Please note: Camp registration fee is non-refundable)

Amount enclosed: \$ \_\_\_\_\_

Name (printed) \_\_\_\_\_

See over to give emergency contact information for adults and youth

Emergency Contact Information

**Adults**

Your Name: \_\_\_\_\_

Emergency Contact  
Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact2  
Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**Youth**

Youth Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Food Allergies: \_\_\_\_\_