

LAKESHORE AVENUE BAPTIST CHURCH
2023 ALL CHURCH RETREAT REGISTRATION FORM
August 4-6, 2023

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: _____