



CEDAR LAKE RETREAT REGISTRATION FORM

Name of Church or Organization _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail _____

Contact Person _____ Cell Number _____

Arrival Date/Time _____ Departure Date/Time _____

Number Expected _____

Do you wish meals? YES NO If yes, how many? _____

Type of Retreat (give a short description such as family, youth, college, etc.)

AGREEMENT

Signing below indicates that you, as a representative of your church/organization, have read the doctrinal statement and are in agreement with the points therein or have discussed any exceptions with a director of Cedar Lake Camp. Furthermore, you agree to the terms that have been communicated regarding the use of CLC facilities.

Signature of Representative

Date

Name of Church or Organization