



Outdoor & Retreat Ministries

A Ministry of the Northern Illinois Conference of the UMC
200 Stam Street, Williams Bay, WI 53191
orm@niccamp.org

Confirmation Retreat Registration Contract - \$75 per person

Thank you for joining our Retreat. Please sign and return this completed form to the host Retreat Center.

____ April 20 ____ **November 2-3, 2018**
____ **Wesley Woods**

____ **November 16-17, 2018**
____ **Reynoldswood**

____ # of Male Students ____ # of Female Students ____ # of Male Chaperones ____ # of Female Chaperones

DEPOSIT REQUIRED \$25.00 per participant, to hold your reservation. Total _____ X \$25.00 = \$ _____
Please send **check made payable to the host site, either Wesley Woods or Reynoldswood.**

If you need to cancel please call us immediately so that we may offer this space to another group.
Balance due upon arrival. Deposit may be refunded depending on the date of cancellation.

Name on Credit Card _____ Zip Code _____ MC/VISA/DISCOVER

Credit Card # _____ Exp.Date _____ CSV# _____

There will be planned programs and activities offered on Friday evening and Saturday. Adult sponsors will be asked to participate in the planned programs. The weekend will begin with check-in on Friday between 7:00-7:30 PM. Departure time 3:00pm. **Please have all fees collected from participants and chaperones in advance, so that your group needs only one check payable to site when you arrive.**

Numbers must be finalized the Monday before your retreat. When you arrive, you will be charged according to the final numbers provided on the preceding Monday.

You will need to provide one chaperone for every ten youth per gender. Chaperones are responsible for:

- getting their group to bed at night (**City Noise Curfew is 11pm – 7am**),
- up in the morning, and
- on-time to meals (8 a.m. & 12 Noon), and scheduled activities.

Each site provides leadership for group activities.

Group Leader, please sign and return copy of this letter to site to hold your reservation and to confirm that you have received registration forms:

Church: _____ City: _____ Phone: _____

Leader: _____ Phone: _____ e-Mail: _____

Signature: _____ Date: _____

Send the completed & signed form to the appropriate Retreat Center via mail or e-mail—as listed below. If you have any further question please contact the appropriate retreat location directly:

Reynoldswood
621 Reynoldswood Rd
Dixon, IL 61021
815-284-6979
e-mail: info@reynoldswood.org

Wesley Woods
250 Stam Street
Williams Bay, WI 53191
262-245-6631
e-mail: info@lakeretreats.org