

**Lutheran Island Camp and Retreat Center
Fall/Winter/Spring Retreat Registration**

Name: _____ **Phone:** _____

Address: _____ **E-mail:** _____

City: _____ **St.:** _____ **Zip:** _____

Congregation: _____ **City** _____ **Male** **Female**

Retreat/Event Title: _____ **Retreat/Event Dates:** _____

Please mail one registration form along with a \$25 deposit (unless otherwise noted) for each person to:

Lutheran Island Camp
45011 230th St
Henning, MN 56551

For Youth Retreat Registrations only:	
Parents' Names: _____	
Father or Head of Household	Mother
Camper's date of birth: ____/____/____	current grade: _____
Please list any health restrictions: _____	

Parent or guardian signature: _____	Date: _____

Retreat Cost: \$ _____
Less Deposit \$ _____
Remaining Balance: \$ _____

Credit Card Information: Circle One **Visa** **Mastercard**

Expiration Date: ____/____/ **Card #:** _____

Card Holder Name: _____ **(Please Print)**

Signature: _____

Amount to be charged: \$ _____. A \$5 processing fee may be charged on amounts under \$25.