

Registration is now open for the 2024
MN Senior Adult Retreat at Lake Geneva Christian Center
 PLEASE RETURN THIS ENTIRE FORM (WITH PAYMENT) TO
605 Birch Avenue, Alexandria MN 56308

Name (main contact person) _____
 Street Address _____
 City/State _____ Zip Code _____
 Cell Phone _____ Home Phone _____
 Email Address _____
Email will be used for communication purposes only

Please indicate below any special needs (ASL, handicap accessible, etc.)
 If you require a diet modification as ordered by your physician, please complete the back side of this registration form.

This registration is for:

(Please list both first and last names of each person for whom you are registering and including payment):

- 1) _____
- 2) _____
- 3) _____

Additional Desired Roommates
 NOT included with this registration

- 1) _____
- 2) _____
- 3) _____

Housing Desired

Housing is assigned on a first-come/first-served basis

1st Choice _____
 2nd Choice _____

Price per person \$ _____ X number of people you are registering _____ = \$ _____

A REGISTRATION DEPOSIT of at least 50% of the total due must be included with this registration.
 Full payment is due at check-in.

Payment Information

If paying by check, please enclose check with your registration.

Check Number _____ Check Amount Enclosed \$ _____

To pay with credit card, visit <https://onrealm.org/mnaog/give/sar24>

LGCC no longer processes any credit cards. All credit cards must be processed online through the Minnesota District. Date of credit card payment _____

FOR OFFICE USE ONLY

Date received _____
 Payment type _____ Deposit Amount Paid _____ Balance Due _____
 Check number _____ Date of CC payment _____
 Housing Assigned _____ LAST NAME _____

PRICES

For housing details, please see the Retreat Brochure



Package Prices

(package price includes housing for both nights, 6 meals and Afterglow fees)

Deluxe Cottages

- \$186 per person with 3 or more guests per cottage
- \$204 per person with 2 guests per cottage
- \$242 per person with 1 guest per cottage

Kingsriter Retreat Center & Legacy Lodge Hotel Rooms

- \$168 per person with 3 or more guests per room
- \$184 per person with 2 guests per room
- \$219 per person with 1 guest per room

Guests need to bring their own bedding and towels for the following housing units

Standard Duplexes

- \$144 per person with 3 or more guests per duplex
- \$156 per person with 2 guests per duplex
- \$196 per person with 1 guest per duplex

Renovated Rustic Cabins

\$136 per person

Lakeview Center & Legacy Lodge Dorm Suites

- \$144 per person (2/3+ capacity per suite)
- \$156 per person (1/3 to 2/3 capacity per suite)
- \$196 per person (less than 1/3 capacity per suite)

Rustic Cabins (Primitive)

\$122 per person

RV Park Prices are "a la Carte"

LG RV Park and Hillcrest RV 101-124, 144-183

\$45 per night - Full hook up (sewer/water/electricity)

Hillcrest RV 128-143

\$35 per night – Electric/water only

Walk On Guests

Facility Use fee for Walk-On & RV Guests

\$27.00 per person for the event

Meal Prices for Walk-On & RV Guests

\$15.00 per person per meal

Please note: Only specifically trained and licensed service dogs are allowed on camp property (except for in the Hillcrest RV Park). Emotional support animals are NOT permitted. LGCC requires proper paperwork ahead of time if an animal is being brought to camp. A cleaning charge of \$100 per animal will be assessed if animals are found in any camp housing other than the Hillcrest RV Park.

Walk On prices and a la carte prices are for those NOT in the 2 night/ 6 meal package pricing

LGCC DIET MODIFICATION FORM

In order to accommodate a special diet, LGCC kindly asks that you fill out this form and return it to the camp at least 14 days prior to attendance. Last minute requests cannot be guaranteed.

Guests with personal lifestyle choices (ex: vegetarian or vegan) will be responsible for their own meal supplements. LGCC does provide a salad bar at both lunch and dinner.

PLEASE NOTE: A PHYSICIAN'S SIGNATURE IS REQUIRED FOR MEAL MODIFICATIONS

Guest's Name _____

Group Event or Camp Attending _____

Dates of Event _____

SPECIAL DIET REQUIREMENTS

Please indicate specific type of diet modifications needed, foods to be omitted or substituted, and medical reason for diet modification. (Diets not prescribed by a physician are the individual's responsibility)

ALLERGIES

Please indicate type of allergy. (LGCC cannot guarantee a 100% allergy-free environment; LGCC does not cook with peanuts, peanut oil, etc. However, foods shipped to camp may be made in a facility with nuts so cross-contamination may happen. LGCC cannot provide a peanut-free camp.)

Physician's Name/Clinic _____

Physician's signature _____

(Required for individualized meals to be made)

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN FOR MINORS

I hereby request that my child, _____, DOB _____, receive a
Name of Child Date of Birth
modified diet as prescribed by his/her physician, _____
Name of Physician

Signature of Parent/Guardian _____ Date _____

NOTES:



Lake Geneva Christian Center
Your People, Our Place,
God's Purpose