

Registration Opens June 1, 2026

### 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

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> 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/sar26>

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

\$229 per person with 3 or more guests per cottage

\$248 per person with 2 guests per cottage

\$288 per person with 1 guest per cottage

#### Kingsriter Retreat Center

#### & Legacy Lodge Hotel Rooms

\$209 per person with 3 or more guests per room

\$226 per person with 2 guests per room

\$264 per person with 1 guest per room

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

#### Standard Duplexes

\$184 per person with 3 or more guests per duplex

\$197 per person with 2 guests per duplex

\$239 per person with 1 guest per duplex

#### Renovated Rustic Cabins & Heritage Dorms

\$175 per person

#### Legacy Lodge Dorm Suites

\$184 per person (2/3+ capacity per suite)

\$197 per person (1/3 to 2/3 capacity per suite)

\$239 per person (less than 1/3 capacity per suite)

#### Rustic Cabins (Primitive)

\$161 per person

#### RV Park Prices are "a la Carte"

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

\$48 per night - Full hook up (sewer/water/electricity)

Hillcrest RV 128-143

\$37 per night - Electric/water only

#### Walk On Guests

Facility Use fee for Walk-On & RV Guests

\$53.00 per person for the event

Meal Prices for Walk-On & RV Guests

\$17.00 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 \$200 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