

2019 LWML SWD Fall Retreat

September 19-21, 2019

Green Lake Conference Center
W2511 State Road 23
Green Lake, WI 54941



Ephesians 4:25

*Therefore, having put away falsehood,
let each one of you speak the truth
with his neighbor, for we are members
one of another.*

Registration Form

(Room reservations are to be made directly with Green Lake Conference Center)

Join us in September at the Green Lake Conference Center for fellowship and spiritual growth. We will grow and renew our mission hearts to "Go and Tell the Story"! Your \$60 registration fee includes the program on Friday and Saturday.

Please make your check payable to **LWML-SWD**, write Fall Retreat on the memo line and mail with your registration form to the registrar by **August 30, 2019**:

Monica Jeske, 326 Kraft Street, Neenah, WI 54956
(920) 725-0375 monijeske124@sbcglobal.net

Please call Green Lake Conference Center directly, **(920) 294-3323**, to reserve your room (ask for the LWML SWD rate) by **Friday, August 2, 2019** to ensure the LWML SWD discount rate. **NOTE: GLCC cannot guarantee room availability after the August 2 deadline. Any rooms reserved after September 6 will incur an increase in meal cost.** Please see the 2019 Fall Retreat flyer for room and meal rates.

After September 11, registration refunds will be given only under extreme circumstances and at the discretion of the Fall Retreat Committee. No refunds will be given at the retreat.

To encourage attendance by our Deaf LWML sisters, a grant to assist in costs for Deaf Interpreters has been applied for through Mill Neck Foundation for Deaf Ministry

↑post reminder on fridge; fill out medical form on the back or at lwml-swd.org and bring with you to retreat ↑

Please print:

(↓ cut and return with payment to registrar by 8/30/19)

First Name: _____ Last Name: _____ Zone: _____

Age: 12-17 (consent form needed) 18-24 25-34 35-44 45-54 55-64 65-79 80+

Address & City: _____ Zip Code: _____

Phone: _____ E-mail: _____

Home Congregation and City: _____

Special Needs: Food allergies (circle): milk eggs shellfish tree nuts peanuts wheat soybeans other _____

Interpreter for hearing impaired _____ Large print materials _____

Arrival Day: Thurs. _____ Fri. _____ Sat. _____

Publicity Release: Since the LWML will be taking photos and videotaping gathering activities, your registration for this event gives the LWML permission to use your image and comments in educational, informational, and promotional materials in a variety of media.

2018-2020 LUTHERAN WOMEN'S MISSIONARY LEAGUE MEETINGS AND EVENTS
PARTICIPANT INFORMATION, ACKNOWLEDGMENT, WAIVER AND RELEASE FORM

The purpose of this participant information form, acknowledgment, waiver and release is to identify each person ("**Participant**") who wishes to volunteer with the Lutheran Women's Missionary League ("**LWML**") or participate in LWML-sponsored activities. As a condition to become a Participant, LWML requires each person to provide the following information and to release LWML from any liability for his or her safety and well-being when volunteering for LWML and while participating in any LWML-sponsored activities.

Name/Address: _____

Allergies and Other Known Health Risks/Problems: _____

Special Diet Restrictions: _____

Reaction to Diet Restriction/Medication Needed: _____

Person to Contact in the Event of an Emergency (Name, Address, Telephone Number(s), Relationship):

Health Insurance Carrier/Policy Number: _____

Medications: _____