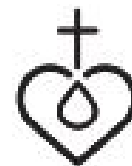


# 2018 LWML SWD Fall Retreat



September 20-22, 2018



Hilton Garden Inn  
1355 W 20<sup>th</sup> Ave.  
Oshkosh, WI 54902

## Retreat Registration Form (Room reservations are to be made directly with Hilton Garden Inn)

Join us this fall at Hilton Garden Inn next to Wittman Airport in Oshkosh for fellowship and spiritual growth. We will enjoy the company of our sisters in Christ and the whimsical entertainment of Jan Struck! Your registration fee includes a Friday night ice cream sundae bar, and Saturday continental breakfast and lunch. An optional Thursday night stay and rooftop pizza party with devotion is available on the 20<sup>th</sup>.

Please make your check payable to **LWML SWD Fall Retreat** and mail to the registrar by **September 1<sup>st</sup>, 2018**:

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

Please call the Hilton Garden Inn directly at **(920)966-1300** to reserve your room by **August 26<sup>th</sup>, 2018** to ensure the LWML SWD discount rate: \$99+tax per night, single/double occupancy, \$10 for each additional person. Or reserve online at: <http://hiltongardeninn.hilton.com/en/gi/groups/personalized/O/OSHGIGI-LWM-20180920/index.jhtml>

After Sept. 12th, registration refunds will be given only under extreme circumstances and at the discretion of the Retreat Committee. No refunds can 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)

( ↓ cut and return with payment to registrar by 9/1/18)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Arrival Day: (add \$10 for Thursday pizza party) Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Address: \_\_\_\_\_

Home Congregation and City \_\_\_\_\_

Emergency Contact (name and phone number) \_\_\_\_\_

Age:  12-17  18-24  25-34  35-44  45-54  55-64  65-79  80+

Age Group:  12-17 Parent/Guardian's Name: \_\_\_\_\_

Young women between 12-17 yrs. old must be accompanied by an adult. If NOT accompanied by parent/guardian, a Consent & Liability Waiver needs to be completed. Please mark below if you need a copy OR go to [lwml-swd.org/helps#district](http://lwml-swd.org/helps#district) then look for Consent Waiver.

Print, fill out, and return with your registration form.

\_\_\_\_\_ Send me a Consent & Liability Waiver \_\_\_\_\_ I have enclosed the Consent Waiver Form.

Interpreter for hearing impaired needed \_\_\_\_\_ Large print materials needed \_\_\_\_\_

Please choose from the following options for your lunch meal on Saturday:

Chef Salad with fresh baked roll \_\_\_\_\_ Mixed Deli Sandwich with potato salad \_\_\_\_\_ Southwest Chicken Wrap \_\_\_\_\_

Food allergies (circle): milk eggs shellfish tree nuts peanuts wheat soybeans other \_\_\_\_\_

**Registration \$65.00 (Add \$10 extra for Thursday pizza party): amount enclosed: \$ \_\_\_\_\_**

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.