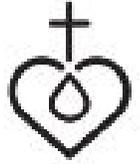


2018 LWML SWD Fall Retreat



September 20-22, 2018

Hilton Garden Inn
1355 W 20th 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 20th.

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

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

Please call the Hilton Garden Inn directly at **(920)966-1300** to reserve your room by **August 26th, 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 _____ Zone _____

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 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.