



Outdoor & Retreat Ministries

A ministry of the Northern Illinois Conference of the United Methodist Church

info@niccamp.org

2017 Confirmation Retreat Registration Contract

Thank you for joining our Confirmation Retreat. Please sign and return this completed form to the host Retreat Center.

_____ March 31-April 1, 2017 _____ April 21-22, 2017 _____ September 29-30, 2017 _____ October 6-7, 2017
Wesley Woods Reynoldswood Reynoldswood Wesley Woods

_____ # of Male Students _____ # of Female Students _____ # of Male Chaperones _____ # of Female Chaperones

DEPOSIT REQUIRED \$25.00 per participant, to hold your reservation. Total _____ X \$25.00 = \$ _____
Please send check made payable to Wesley Woods or Reynoldswood.

If you need to cancel please call us immediately so that we may offer this space to another group.

Balance due upon arrival. Deposit may be refunded depending on the date of cancellation.

Name on Credit Card _____ Zip Code _____ MC/VISA/DISCOVER

Credit Card # _____ Exp.Date _____ CSV# _____

There will be planned programs and activities offered on Friday evening and Saturday. Adult sponsors will be asked to participate in the planned programs. The weekend will begin with check-in on Friday between 7:00-7:30 PM. Departure time 3:00pm. **Please have all fees collected from participants and chaperones in advance, so that your group needs only one check payable to site when you arrive. The cost is \$72.00 per person.**

Numbers must be finalized the Monday before your retreat. When you arrive you will be charged according to the final number provided on the previous Monday.

You will need to provide one chaperone for every six youth per gender. Chaperones are responsible for:

- getting their group to bed at night,
- up in the morning, and
- on-time to meals (8 a.m. & 12 Noon), and scheduled activities.

Each site provides leadership chaperones for group activities.

Group Leaders, please sign and return this Registration Contract to the ORM Office to hold your reservation:

Church: _____ City: _____ Phone: _____

Leader: _____ Phone: _____ e-Mail: _____

Signature: _____ Date: _____

Send the completed & signed form to the ORM Office via snail mail, e-mail, or fax—as listed below.

ORM Confirmation Retreats
200 Stam Street
Williams Bay, WI 53191

e-Mail (preferred): info@niccamp.org

Fax: 262-245-1446

Retreat-specific Questions? Contact Craig Watters directly: craig@niccamp.org (262-245-6706)