



ADULT REGISTRATION PROGRAMMED RETREAT

Online registration is also available at GLLM.org

Please complete all fields and mail to: Green Lake Lutheran Ministries, 9916 Lake Avenue South, Spicer, MN 56288

ADULT PARTICIPANT INFORMATION

Participant Name _____
Pronouns _____ Gender _____
Age _____ Birth Date _____ Grade _____
Allergies / Dietary Needs _____
Address _____
City _____ State _____ Zip Code _____
Participant Email Address _____
Emergency Contact Phone Number (_____) _____
Church and City (no abbreviations please) _____

PROGRAM INFORMATION

Camp Program & Dates _____
Roommate request _____

PERMISSIONS

- I give permission for the use of photographs, videos, audio, and electronic images including myself in camp promotions.

Participant Signature _____

PAYMENT OPTIONS

I will be paying by: Check Cash Credit Card Applied for Scholarship

CREDIT CARD

Name on Credit Card _____
Card Number _____ Exp Date _____
Security Code _____ Signature _____