

Retreat Registration Form

LWM 32

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

Congregation affiliated with (include city please)

Registering for the following retreat(s):

_____ Cost: _____

_____ Cost: _____

_____ Cost: _____

Others included in this registration:

(include name, address, phone, gender, age if under 18)

Please use another sheet of paper if needed

Pay by check Amount: \$ _____ Check #: _____

Please charge my (check one) Visa MasterCard Discover

Amount: \$ _____

Account #: _____

Exp. Date: _____ Name on Card: _____

Signature: _____



Living Water Ministries

A Shared Mission of the Lower Michigan Synods, ELCA

Please include full payment with this form. Mail your registration and check to:

Registrar, Living Water Ministries • 3506 Garling Road, Fairview, MI 48621

To pay using credit card over the phone, call (989) 848-2230 between 8:00 am - 4:00 pm weekdays.