

LCLC

U.F.O. Retreat: Un-Finished Objects April 23-25, 2010

Lake Chautauqua Lutheran Center



Spend the weekend working on your favorite unfinished object like quilting, scrapbooking, reading, knitting, or painting. Enjoy a weekend devoted to your hobby without the distractions of home. The following activities will also be offered:

AM Devotions † Worship
Bible Study † Hiking
Delicious Food † Fellowship Time

Cost: (Includes a \$10 non-refundable deposit)

\$100/person double occupancy

\$140/person single occupancy

Includes programming, great meals, delicious snacks, and lodging in the Retreat Center.

The program runs from 7:00pm Friday through brunch on Sunday.

Registration deadline is April 12, 2010.

Lake Chautauqua Lutheran Center

5013 Rt. 430

Bemus Point, NY 14712 * 716-386-4125 * lclc@windstream.net

LCLC U.F.O. Retreat Registration (Please complete Front and Back)

Name _____
First Last Gender

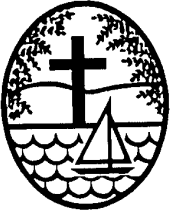
Address _____
Street City State Zip

Phone _____ E-mail _____

Roommate Request _____
Please one name only

Please make checks payable to LCLC or Charge with your Master Card or Visa:

Amount Enclosed _____ Check Number _____
____ Visa _____ Master Card Card Number _____ 3 Digit security code _____
Exp. Date _____ Signature _____ Date _____
Month/Year



An Outdoor Ministry of the Upstate New York Synod of the ELCA

Lake Chautauqua Lutheran Center, Inc.

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Bemus Point, NY 14712
716-386-4125
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LCLC U.F.O. Retreat Consent for Medical Treatment

I will be attending Lake Chautauqua Lutheran Center's UFO Retreat on April 23-25, 2010. I give permission to LCLC to photograph and record (digitally and analog) myself and to use my image and sound prints in promotional materials for LCLC.

I, the undersigned, hereby authorize a representative of Lake Chautauqua Lutheran Center to consent and authorize emergency medical treatment, surgery or dental care to be given to myself, _____ as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Signature Family Physician Phone

Date Family Insurance Company Policy #

Insurance Company Address City State Zip

Home Phone Work Phone Allergies, Conditions or Medications of which we should be aware?

Medical Conditions continued... Secondary Emergency Contact: Name Phone Relationship