

2024 Men's Retreat Registration

Graeagle Community Church

Jackson Meadows Reservoir

September 6th-8th

Name: _____

Phone: (Home) _____ (Cell) _____

Mailing Address: _____

Email: _____

Accommodation:

___ Tent site

___ RV/Trailer site

___ commuting/only coming during day

Do you have any special needs including dietary restrictions, breathing machine, allergies, or important medical conditions to be aware of?

Would you like to request a scholarship to help cover your retreat costs?

Yes ___

Would you like to help provide a scholarship for someone else?

Yes ___ Amount _____

Retreat Cost: \$70

Amount paid:

Cash _____

Check _____