

# ADULT RETREATS (SUMMER STARTER, LUTHERHOSTEL, MEN'S & WOMEN'S RETREATS)

OFFICE USE

Room#: \_\_\_\_\_

Retreat: \_\_\_\_\_

Name (s) \_\_\_\_\_

Address (STREET, CITY, ST, ZIP) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Home Church \_\_\_\_\_

City \_\_\_\_\_

Roommate Choice: 1. \_\_\_\_\_ 2. \_\_\_\_\_

I would like to dine with or near: \_\_\_\_\_

This is my/our first time at Camp Arcadia

I/We wish to celebrate the birthday/anniversary of (NAME AND DATE) \_\_\_\_\_

Would you like us to follow up on any of the following accommodation requests while at Camp?

Dining Room Accommodations  Other

Does anyone in your family have dietary restrictions/food allergies? YES NO

If so, which family member? \_\_\_\_\_

Gluten Free  Vegetarian  Nut Allergy  Dairy Free  Other

(Please send me a menu prior to my stay at Camp so I can plan to supplement some meals accordingly.)

Add-On: I will arrive on Thursday night

(for Arcadia Men's & Women's Retreats ONLY; Surcharge Applies)

## RETREAT SELECTION

SUMMER STARTER

LUTHERHOSTEL

LLL MEN'S RETREAT

WOMEN'S RETREAT I

WOMEN'S RETREAT II

ARCADIA MEN'S RETREAT

## HOUSING AND OTHER PREFERENCES

Traditional Inn Room

Inn Room w/ Private Bath (2nd Floor, Surcharge Applies)

Inn Room with Universally Accessible Private Bath  
(1st Floor, Surcharge Applies)

Camp-owned Cottage (Surcharge Applies)

Aspen  Cedar  Spruce  Birch  Juniper

Need 1st Floor Room for Health Reasons

Assembly Dorm Housing (Larger Rooms with Bunk Beds (Showers are in other building)- not available for Summer Starter, Lutherhostel)

I am NOT willing to take a top bunk.

No Housing Needed (Commuter Rate Applies)

I'm staying at: \_\_\_\_\_

Photo/Media Release: By registering, I grant Camp Arcadia and its agents the right to use, reproduce, assign and/or distribute photographs, films, video tapes and sound recordings of me, for use in materials they may create for the sole purpose of promoting Camp Arcadia

## DEPOSIT

A. Total number of paying guests \_\_\_\_\_ B. Minimum deposit per person \$ \_\_\_\_\_

C. Total deposit enclosed \$ \_\_\_\_\_ [ A x B ]

PAYMENT METHOD:  Check [ payable to Camp Arcadia ]  Discover, VISA or MasterCard CVV \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. [mm/dd] \_\_\_\_\_

Signature \_\_\_\_\_

**FOR YOUR SECURITY PLEASE DO NOT FAX OR EMAIL THIS FORM.**