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: Church Attending With:

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 Accomodations ☐ 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 (Surcharge Applies*)
☐ Inn Room with ADA Private Bath (Surcharge Applies*)
☐ Camp-owned Cottage (Surcharge Applies)
☐ Aspen ☐ Spruce ☐ Birch ☐ Cedar ☐ Juniper ☐ Oak Lodge

If you selected multiple preferences, please list your first choice _____

☐ 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. *Limited Availability*
☐ No Housing Needed *(Commuter Rate Applies)*
I'm staying at: _____

** **Did you Know?** Camp Arcadia will have an elevator for guest use in the Inn, ready for the 2027 season.*

TEEN RETREATS

Camper Name:

Birth Date [MM/DD/YYYY] :

Gender: Grade (next year):

Address:

Home Church // City:

☐ Alpha Retreat ☐ Omega Retreat

Roommate Choice:

PARENT/GUARDIAN CONTACT INFORMATION

Name:

Phone Numbers:

Email:

Adult T-Shirt Size (circle) S M L XL XXL XXXL

Does your teen have dietary restrictions/food allergies? ☐ YES ☐ NO
☐ 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.

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.