

The Springs Ministries Retreat Registration Form

Retreat: Creative Escapes Couples Retreat Ladies Retreat Mem. Day Work Weekend Family Camp Men's Retreat

Name _____ Address _____

City _____ State _____ Zip Code _____ Phone # _____

Email _____ Roommate Requests _____

Housing Option: Hotels (2-3 people) Suites (3-8 people)

Health Information: Please note any information that we should know, such as allergies (food and other), activity restrictions, or special care needs: _____.

To make your reservation, please mail a \$50 non-refundable (but transferable) deposit with this registration to the address above or register online at thespringscamp.com.

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