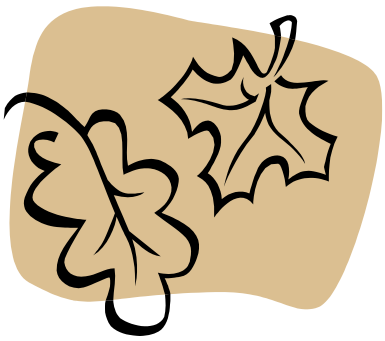
# Adult Fall Retreat



## Lake Chautauqua Lutheran Center
## September 20-22, 2019

Please join us for this relaxing, rewarding, and rejuvenating program for adults. The retreat provides singles and couples the opportunity to spend time together in Christian fellowship in the beauty of autumn at LCLC.

**Program offerings include:**

| | |
|---|---|
| *Worship and Bible Studies | *Singing |
| *Special Presentations | *Nature walks |
| *Field trip opportunities | *Games, recreation, fun! |
| *Crafts | *Comfortable hotel-style lodging |
| *Delicious food | *and more… |

**WHEN:** Friday at 7:00PM through breakfast on Sunday
**WHERE:** The Retreat Center (Our very comfortable hotel-style accommodations.)
**COST:** Includes meals, lodging with linens, and program.

**$100** –individuals
**$186** –couples

$25 of the registration fee is a non-refundable deposit.
Registration deadline is 9/9/19.

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**LCLC Adult Fall Retreat Registration (By 9/9/19)**

Names_____

Address_____
Street City State Zip

Phone_____ E-mail_____
(Final Confirmation will occur via email)

Please make checks payable to LCLC or charge with your Visa, MC, AmEx, or Discover card:
Amount Enclosed_____ Check Number_____
Card Type_____ Card Number_____ 3 Digit Security Code_____Exp. Date_____

Signature_____Date_____

**Lake Chautauqua Lutheran Center, Inc.**
5013 Route 430
Bemus Point, NY 14712
716-386-4125
contact@lclcenter.org
www.lclcenter.org

## LCLC Adult Fall Retreat Consent for Medical Treatment Form

I, the undersigned, hereby authorize a representative of Lake Chautauqua Lutheran Center to seek 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.

Names:_____

_____ _____

Signature Physician Phone

_____ _____

Date 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