

To reserve dates for your rental retreat, contact our office at (413)447-8930 or lakeside@lakesideonline.org to check date availability and costs. We will need to know the size of your group as well as the housing preference.

Programmed Retreat Registration Form

Use this form to register for any of the retreats below. Use one form per retreat please, photocopies are acceptable or download at www.lakesideonline.org. To register, send this form, along with the full retreat fee to: Lakeside Christian Camp, 195 Cloverdale St, Pittsfield MA 01201.

Please check the retreat you are registering for:

Family Retreats

Mother & Daughter- October

___ Adults x \$110 = _____

___ Child x \$90 = _____

Family Christmas

___ Adults x \$110 = _____

___ Child x \$90 = _____

Mother & Daughter- March

___ Adults x \$110 = _____

___ Child x \$90 = _____

30th Anniversary Weekend

Lakewood/Wintonbury Lodge:

___ Adults x \$125 = _____

___ Child x \$100 = _____

Cabin on Green:

___ Adults x \$110 = _____

___ Child x \$90 = _____

30th Anniversary Day Only

___ Adults x \$20 = _____

___ Child x \$15 = _____

Day Attending: _____

Youth Retreats- Individuals Only

High School Snow Camp

___ Youth x \$140 = _____

Middle School Snow Camp

___ Youth x \$130 = _____

Note: If participating in snow camp with your youth group, please register with church leader.

Women's Retreats

Stitch & Stick- November

___ Adult x \$110 = _____

Stitch & Stick- March

___ Adult x \$110 = _____

Adult Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Adult Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Youth Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Grade/Age
Youth Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Grade/Age

Mailing Address _____ City/State/Zip _____
 Family Email _____ Home Phone _____
 Congregation/City/State _____
 Roommate Request _____

Medical Release

Insurance Carrier _____ Group/Policy Number _____
 Emergency Name & Relation _____ Emergency Phone _____

I will not hold Lakeside Christian Camp & Conference Center or its staff responsible for accidents, claims, or damages arising from me or my child's participation in retreat activities. I am responsible for any medical obligations incurred during the retreating period and give the Lakeside Christian Camp & Conference Center staff permission to seek medical treatment for me or my child in case of injury or illness. I also give Lakeside Christian Camp & Conference Center permission to use any photograph/video of me or my child, taken at the retreat, in future promotional materials for its programs.

Parent/Guardian or Adult Participant Signature _____ Date _____

Payment Information

Check payable to Lakeside Christian Camp Visa Mastercard Discover
 Cardholder's Name _____ Card Number _____
 3 digit security code _____ Expiration Date _____ Amount \$ _____

Upon receiving your registration, you will receive a confirmation, receipt, and retreat information email.