

LCLC

Lake Chautauqua Lutheran Center
Hobby Weekend:
BYOH (Bring Your Own Hobby)
February 24-26, 2012



Spend the weekend working on your favorite unfinished object like quilting, scrapbooking, reading, knitting, or painting. Enjoy a weekend devoted to your hobby without the distractions of home. The following activities will also be offered:

AM Devotions † Worship
Bible Study † Hiking
Delicious Food † Fellowship Time

Cost: (Includes a \$10 non-refundable deposit)

\$100/person double occupancy

\$140/person single occupancy

Includes programming, great meals, delicious snacks, and lodging in the Retreat Center.

This adult program runs from 7:00pm Friday through brunch on Sunday.

Registration deadline is February 13, 2012.

Lake Chautauqua Lutheran Center

5013 Rt. 430

Bemus Point, NY 14712 * 716-386-4125 * contact@lclcenter.org

LCLC Hobby Weekend Registration (Please complete Front and Back)

Name _____
First Last Gender

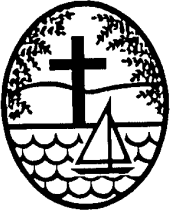
Address _____
Street City State Zip

Phone _____ E-mail _____

Roommate Request _____
Please one name only

Please make checks payable to LCLC or Charge with your Master Card or Visa:

Amount Enclosed _____ Check Number _____
____ Visa ____ Master Card Card Number _____ 3 Digit security code _____
Exp. Date _____ Signature _____ Date _____
Month/Year



Lake Chautauqua Lutheran Center, Inc.

5013 Route 430
Bemus Point, NY 14712
716-386-4125
contact@lclcenter.org

LCLC Hobby Weekend Consent for Medical Treatment

I will be attending Lake Chautauqua Lutheran Center's Hobby Weekend on February 24-26, 2012. I give permission to LCLC to photograph and record (digitally and analog) myself and to use my image and sound prints in promotional materials for LCLC.

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

_____ Signature	_____ Family Physician	_____ Phone	
_____ Date	_____ Family 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