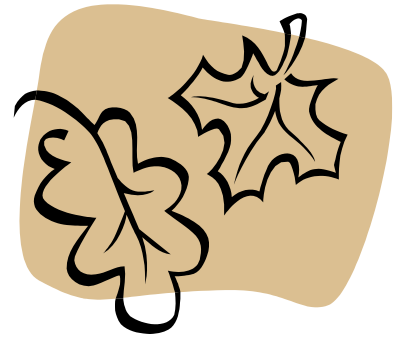


# Adult Fall Retreat

Lake Chautauqua Lutheran Center  
September 21-23, 2018



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
- \*Topical 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 9/10/18.

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## LCLC Adult Fall Retreat Registration (By 9/10/18)

Names \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(Final Confirmation will occur via email)

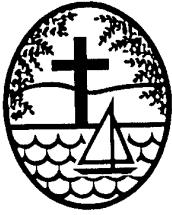
Please make checks payable to LCLC or charge with your Visa, MC, AmEx, or Discover card:

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