

## **“Up North” Women’s Retreat 2022 Registration Form**

**Date:** Friday, September 30 – Sunday, October 2  
Leave Friday at 9:00 a.m. Return 5:00 p.m. on Sunday

**Place:** Crescent Lake Bible Camp in Rhinelander, Wisconsin

**Cost:** \$125---This is for the lodging and four meals. See notes below for additional costs for meal(s) on the road and transportation.

**Looking to spend time with Jesus and be in fellowship with other women?** Then this retreat is for YOU! There will be times of personal and group devotions, crafts, chatting with old friends, making new friends, and an intentional Saturday Morning Prayer Walk.

All programming is optional to allow for a time of rest and rejuvenation. Take a walk in the woods with friends, read, play games, sleep in, enjoy a fire in the fireplace, work on hobbies or crafts, or do NOTHING at all.



Meals: (New this year) Crescent Lake Bible Camp will be providing our meals. (Friday-Dinner, Saturday-Brunch and Dinner, Sunday-Breakfast)



Plan on meal(s) on the road—Friday-Lunch (for those leaving Friday morning and Sunday-Lunch)



Bottled water, coffee, and hot chocolate will be provided for the weekend.



Snacks: Text Cheri Gallivan-(608-514-4966)- to sign up for bringing a snack to share for the weekend.



Transportation: (New this year) Registration does not include transportation. We are encouraging carpooling. There will be a sign-up sheet on the Happenings Table. Please use this list to arrange for your own ride. We also encourage you to donate to your driver to help pay for the gas.

Please note on your registration form if you plan to meet at the church on Friday morning or travel on your own. We do not want to leave anyone behind. If you are joining us Friday morning, we will meet in the West parking lot at church by 8:45 a.m. to load vehicles and plan to depart by 9:00 a.m. Directions will be provided later as needed.

Check-In at camp is 2:30 p.m. Please do not unload your vehicle until you have your

cabin/room assignments.

**Registration deadline:** Sunday, September 11<sup>th</sup>.

**STEP 1:** Fill out the attached form/forms.

**STEP 2: Please make check payable to GraceWay Church.** Please note: **Without your payment by September 11<sup>th</sup> your registration will be voided.**

Please give form(s) and payment to: Joyce McEachron---In person or by mail: E10116 County Rd. O, Prairie du Sac, WI 53578. You may also drop it in the Women's Ministry mailbox in workroom. Please address it to: Joyce McEachron (Up North Retreat).

**Questions or need an alternate leave time on Friday?** Contact Joyce McEachron at 608-393-2106 or Laura Hanson 608-393-1490.



**Turn in this Registration Form along with Payment & Food Allergy Form from Crescent Lake if Applicable**

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**“Up North” Women’s Retreat Registration**

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

(I will be using this to contact you with information)

Are you able to sleep in a top bunk? YES      NO

Do you have Food Allergies? \_\_\_\_\_

(If so, please note here and complete Crescent Lake Food Allergy form as well.)

Who would you like to room with: \_\_\_\_\_

\_\_\_\_\_

(Rooms have 2 upper and 2 lower bunks.)

Will you be traveling with the group Friday morning or traveling on your own?

\_\_\_\_\_

Return this form to Joyce McEachron along with your payment payable to GraceWay Church by Sunday, Sept. 11.



**CRESCENT LAKE**  
B I B L E C A M P

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*Day Camp Summer Youth and Family Camp Leadership Development Outdoor Education Group Ministry Retreats  
Teambuilding*

## ***CLBC Dietary Restrictions Form***

Do you have any dietary restrictions or food allergies that you wish to make the kitchen staff at Crescent Lake Bible Camp aware of? If so, to ensure your safety, please provide as much information as possible. By signing this form, you give Crescent Lake Bible Camp permission to share your personal dietary requirements with our staff, and agree to hold us harmless. We will do our best to work with you.

Name: \_\_\_\_\_.

Food Allergies/Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

What is the severity of your food allergies or dietary restrictions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Is there any other information that you feel we need to know about your diet needs or restrictions?

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Please provide any additional information that you would need us to share with medical or emergency personnel should you suffer an adverse food reaction.

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Signature: \_\_\_\_\_.

Date: \_\_\_\_\_.