



The Rock Speaks

Lutheran Women's Missionary League - New England District
2017 RETREAT REGISTRATION
November 3 – 4, 2017



Send CHECK (payable to LWML-NED) and FORM to: Susan Lastowski, 66 Nonotuck Street, Holyoke, MA 01040-2666

Registration Fee: \$40

Is this your first time attending this Women's Retreat? Pay only \$35!!!

Registration includes luncheon on Saturday!

Name: _____ Home Church: _____

Street: _____

City/State/Zip Code: _____

Phone: (Home) _____ (Cell) _____

Email: _____ Birthday (Month/Day): _____

(Please print legibly)

Please Circle Luncheon Choice for Saturday Luncheon:

1. **GRILLED CHICKEN WRAP** – Honey Dijon dressing, lettuce, tomato, red onion, cole slaw, chips & pickle.
2. **ROAST BEEF AND BOURSIN** – Lettuce, tomato red onion, French roll, cole slaw, chips & deli pickle.
3. **CHEF'S SALAD** – Ham & Turkey Roulades, Swiss & cheddar cheese, boiled eggs, balsamic vinaigrette dressing, cole slaw, chips & pickle.

All meals include coffee, iced tea and freshly baked cookies.

HEALTH FORM and EMERGENCY INFORMATION

PERSONAL INFORMATION:

Name _____

Address _____

City, State, Zip _____

Phone # _____

EMERGENCY INFORMATION:

Whom should we notify in case of an accident or medical emergency? Please list two persons with different addresses who are not members of LWML.

MEDICAL INFORMATION

Primary Physician Name _____

Office Phone _____

City, State, Zip _____

Do you have any health conditions (I.E. allergies, chronic conditions, etc.), special circumstances or medications which should be known about prior to emergency treatment? _____

Contact 1.

Name _____

Phone # _____

Address _____

City, State, Zip _____

Contact 2.

Name _____

Phone # _____

Address _____

City, State, Zip _____

Your signature _____ Date _____