

CHRISTPOND RETREAT CENTER
N1599 HIGHWAY 57, RANDOM LAKE, WI 53975

REQUIRED REGISTRATION BY EACH RETREAT PARTICIPANT

This registration meets requirements for insurance and emergency purposes.

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____

TELEPHONE - HOME # or BUSINESS #: _____ CELL: _____

I am participating in this RETREAT as a member of ORGANIZATION/GROUP/CHURCH:

Fill out the above

PLEASE PRINT



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