

Retreat Registration (Please Print)

Name:			
Preferred Name for Name Tame (if different than first name)	•		
Our preferred meth If you do not hav	od of communic		
Email:			
Mailing Address:			
City:			
Phone:			
May we text you? By saying YES, please be aware Msg and You must be 18 years old to Any Special Needs (dietary, physocial Needs)	attend. Are yo	. ,	Yes No
grant Light of the World, Nativity of C lisclose my identity and to reproduce a ight of the World programs and activi	and use videotapes ar		•
May we take a group picture	e of you?	Yes	No
Signature:		Date:	

Please don't hesitate to reach out to us with any questions or concerns. Dan and Ann Draper 815-866-8194

Email: lotwnativity@gmail.com