

REGISTRATION FORM
2010 UNITED METHODIST MEN'S RETREAT
OCT 8-10 () OCT 15-17 () OCT 22-24 ()

Name of person making reservation: _____
E-mail address _____ (make sure address is Legible)
Home Mailing address: _____
City: _____ St: _____ Zip: _____ Phone: _____
Name of Church: _____ Church City: _____
District: _____ @ Hand interpreters are requested ()
Please make reservations for _____ Men for the weekend of _____, 2010
_____ men will stay and eat at the Life Enrichment Center. _____ men will stay off campus
_____ men will stay and eat at the Youth Camp _____ men will attend on Saturday only
_____ men will stay at the Family Campground
_____ camper spaces required Off Campus & RV Campground _____ men will eat at the LEC

PAYMENT: Amount \$ _____

Cash__ **Check**__ **Credit Card**__ Am Ex__ Disc__ MC__ Visa__

Card # _____ - _____ - _____ - _____ Expiration Date: ____ / ____

MAKE CHECKS PAYABLE TO: UNITED METHODIST MEN and
MAIL TO: United Methodist Men- PO Box 93370 - Lakeland FL 33804-3370
For more information visit - www.ummflconf.org or call 877-815-3692

COST FOR RETREATS
Life Enrichment Center - \$145.00 per person Room, meals and Program
Warren Willis Camp - \$125.00 Room, meals and Program
Family Campground Camp Site - \$44.00 Program - \$35.00 per person Meals - \$44.00 per person