

Event Reservation Form

Complete **BOTH COLUMNS** and return with full payment or \$25 per person non-refundable deposit to: **Registrar, ISC DuBois Center, 1312 Broadway, Highland IL 62249**

After this reservation form and payment are received, a Confirmation Packet with additional forms will be sent to you,

OR Register Online www.DuBoisCenter.org to make your payment and complete the forms online.

Father - Son Retreat

Friday - Sunday, March 29-31, 2019

Please indicate the number of participants in each category

	Cost	Early Bird by Mar. 8
Adult _____	@ \$124	_____ @ \$114
Youth (12-17) _____	@ \$104	_____ @ \$94
Child (5-11) _____	@ \$94	_____ @ \$84

Add Horseback Riding	# Riders	Ages
Trail Ride, age 8+ (1 hr - \$18)	_____	_____
Arena Ride (30 minutes - \$9)	_____	_____

Total Cost \$ _____

\$25 per person non-refundable deposit required

Registration Deadline: Mar. 15 • **Early Bird by Mar. 8**

Lodging Preference: Cottage Hickory Lodge
(not guaranteed) No Preference

Roommate Requests _____

For scholarship & program information call: 618.787.2202

Wrangle & Ride (Select a date)

Saturday, March 23, 2019
Reservation Deadline: Mar. 9 • **Early Bird by Mar. 2**

Saturday, April 13, 2019
Reservation Deadline: Mar. 30 • **Early Bird by Mar. 23**

FEE: \$65 (includes lunch & all equipment)
 \$60 Early Bird

\$25 per person non-refundable deposit required

Name of Parent/Guardian or Adult Participant



The Camp and Retreat Center of the Illinois South Conference of the United Church of Christ

— Please **PRINT Legibly** —
OR Register Online! www.DuBoisCenter.org

EVENT NAME _____

Participant _____ Age _____

Participant _____ Age _____

Participant _____ Age _____

Phone 1 _____
(circle all that apply) day evening cell

Phone 2 _____
(circle all that apply) day evening cell

Street _____

City _____ State _____ Zip _____

Email _____

Church Name & Town _____

Diet/Medical Issues _____

(Detailed health info form will be sent with confirmation.)

\$25 per person non-refundable deposit required

Payment Amount \$ _____ Check Enclosed **OR**

Charge to: (circle) Visa MC Disc AmEx
(Or call REGISTRAR with credit card info: 618.357.1809)

Name on Card _____

Card # _____

Exp. Date _____ CSC # _____

Complete and Mail with payment to REGISTRAR:
ISC DuBois Center, 1312 Broadway, Highland IL 62249

For registration questions call: 618.357.1809

COMPLETE BOTH COLUMNS

Please PRINT Legibly