



**Outdoor & Retreat Ministries**

*A Ministry of the Northern Illinois Conference of the UMC*

200 Stam Street  
Williams Bay, WI 53191  
orm@niccamp.org

**Reynoldswood Spring 2016 Confirmation Retreat Contract**  
**April 29 – 30, 2016**

Thank you for joining our Confirmation Retreat. Please sign and return this completed form to us here at Reynoldswood.

\_\_ # of Male Students    \_\_ # of Female Students    \_\_ # of Male Chaperones    \_\_ # of Female Chaperones

DEPOSIT REQUIRED \$25.00 per participant, to hold your reservation. Total \_\_\_\_\_ X \$25.00 = \$ \_\_\_\_\_  
Please send a check made payable to Reynoldswood.

If you need to cancel please call us immediately so that we may offer this space to another group.  
Balance due upon arrival. Deposit may be refunded depending on the date of cancellation.

Name on Credit Card \_\_\_\_\_ Zip Code \_\_\_\_\_ MC/VISA/DISCOVER

Credit Card # \_\_\_\_\_ Exp.Date \_\_\_\_\_ 3 Dig ID \_\_\_\_\_

There will be planned programs and activities offered on Friday evening and Saturday. Adult sponsors will be asked to participate in the planned programs. The weekend will begin with check-in on Friday between 7:00-7:30 PM. Departure time 3:00pm, Saturday. **Please have all fees collected from participants and chaperones in advance, so that your group needs only one check payable to site when you arrive.** The cost is \$64.00 per person.

Numbers must be finalized the Monday before your retreat. When you arrive, you will be billed according to the previous Monday final number.

**You will need to provide one chaperone for every six youth per gender.** Chaperones are responsible for:

- Getting their group to bed at night,
- Up in the morning, and
- On-time to meals (8 a.m. & 12 Noon), and scheduled activities.

**Group Leader**, please sign and return copy of this letter to site to hold your reservation and to confirm that you have received registration forms:

Church: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Leader: \_\_\_\_\_ Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send us this completed & signed form with your deposit check. Do not email your credit card information. Please call the office or fax us with your credit card information.** If you have any further questions please contact us directly:

Craig Watters  
**Reynoldswood Christian Camp and Retreat Center**  
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Dixon, IL 61021  
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