Women's Retreat

October 17th – 18, 2025

First Name _____ Last Name _____

Address 1 _____ Address 2_____

City _____ State _____ Zip _____

Cell Phone (_____)_____ Email _____

Emergency Contact Name _____ Phone (_____) _____

I would like to room with _____

I would prefer to sleep on: Upper Bunk ___ Lower Bunk ___ No Preference ___

Special Dietary Needs _____

Allergies of any kind _____

Please choose; **$115 for two days and staying overnight _____**

$60 for two days but no overnight _____ $45 for Saturday only _____

TOTAL PAID WITH THIS REGISTRATION: $_____

Make checks payable to: DCCCP with "Women's Retreat" in the memo line. Final payment is due by September 28th. Deposit of $25.00 must accompany registration.

_____ I would like to speak to someone about a scholarship (confidential)

By signing below, I acknowledge that Camp Wightman is an alcohol-free facility.

Signature_____