



Retreat Application - WEEKEND DATE: February 17, 18 & 19 2023

Full Name: _____

Birthdate: _____ Phone: (_____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address _____

Home Church _____

Have you ever attended a similar weekend? _____ If so, which one _____

Name you would like on your nametag: _____

Are there any special considerations that you would like the leadership to be aware of? (i.e. dietary needs, medications, Health concerns, etc.) If you need more room, please continue on the backside of this form and check here

Applicant's Signature: _____ Date: _____

Cost **\$275**. You will receive this retreat for **Free** compliments of Trinity Church. An acceptance letter and instructions for the weekend will be sent at a later date. The completed application should be returned to Trinity by January 17, 2023.

P.S. Send completed Application Form to:

Trinity Church
W775 Geranium Rd.
Genoa City, WI 53128
(262) 949-1797 Pastor Brian D. Metke

For office use: Weekend # _____ Check # _____ Cash \$ _____