



## Retreat Registration Form The DeKoven Center

Name	Date	Telephone
Address		City/State/Zip
E-Mail		Retreat Group Name
<i>Dietary Information</i>  Please select any necessary dietary restrictions that we may accommodate during your stay:		<input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Dairy Free
<i>Special Accommodations</i> Please describe any special accommodations you may need during your retreat at DeKoven: <i>(close to elevator, wheelchair ramp, etc.)</i>		
Do you have any food allergies?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i> _____
<i>Lodging Accommodations</i>		
Commuting or Overnight Package?		<input type="checkbox"/> Commuting <input type="checkbox"/> Overnight Package
Overnight Room Preference?		<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple
If double room, do you have a roommate preference?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Roommate Name:</i> _____
<i>Payment Information</i>		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check <i>(made payable to The DeKoven Center)</i>		Amount Due: \$ _____
<input type="checkbox"/> Credit or Debit Card <i>(we accept Visa, Mastercard, Discover)</i>		
<i>Card Number:</i> _____		<i>Exp. Date:</i> _____ / _____ <i>CVV:</i> _____

***Please fill out registration form and return to Sarah Bussell  
no later than 2 weeks before your retreat. Thank you!***

Phone: (262) 633-6401 ext.105    [sbussell@dekovencenter.org](mailto:sbussell@dekovencenter.org)    Fax: (262) 898-1644

**The DeKoven Center, 600 21<sup>st</sup> Street, Racine, WI 53403**