LAHTI RETREAT CENTER OVERNIGHT GUEST REGISTRATION

Name of Group _____

Name of Person Responsible for Guest Registration _____

Mailing Address _____

Telephone Number _____

Dates of Group Stay _____ through _____

Approximate Arrival Time _____ Departure Time _____

I hereby agree to keep accurate records of our guests and their stay at Lahti Retreat Center. I will ensure that Zion Lutheran Church is paid the amount agreed upon for our usage of the facility. I have read the rules for usage of Lahti Retreat Center and agree that we will uphold those rules. I will be personally responsible to see that the facility is free of alcohol and illegal drugs.

Signature of Person Responsible for Group_____

Please fill out a record for each overnight guest at LRC. Include name, age and dates of overnight stays.

Farm House

Name	age	dates	Name	age	dates
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

Staff House

Name	age	dates	Name	age	dates

Camp Jacob

Name	age	dates	Name	age	dates

Camping (tents or trailers)

Name	age	dates	Name	age	dates

Boy's Dorm

Name	age	dates	Name	age	dates

Girl's Dorm

Name	age	dates	Name	age	dates

Final Tally of L.R.C. Guests

Ages 16 and up:

_____ x _____ x _____ = _____
number of people number of nights cost amount due

Ages 6-15:

_____ x _____ x _____ = _____
number of people number of nights cost amount due

Ages 5 & under = no cost

Total Amount Due = _____