



**SKY LAKE 2020**

# ADULT EVENTS REGISTRATION FORM

Send completed form to:

Sky Lake Camp & Retreat Center  
501 William Law Road  
Windsor NY 13865  
607.467.2750 / 607.467.4612 (fax)  
info@skylakecenter.org

2020 EVENTS

- » Rejuvenate (April 24-26)/Ladies of the Lake (October 9-11)
  - » Riley Lodge: \$255\* per person
  - » Underwood Lodge: \$280\* per person

**\* Early-Bird Discount**

These adult events qualify for a \$25 early-bird discount, simply register by the following dates:

- » Rejuvenate: March 27
- » Ladies of the Lake: September 11

GUEST INFO

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
 Email \_\_\_\_\_ Birthday \_\_\_\_\_  
 Name of Church \_\_\_\_\_ City \_\_\_\_\_ Denomination \_\_\_\_\_  
 Emergency Contact  
 Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 I first heard about Sky Lake through:  Church  Brochure  Website  Family  Friend  Newspaper  Agency  Other \_\_\_\_\_

Event/lodging for which we are registering (*please complete a separate form for each event*):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Rejuvenate</b> | <input type="checkbox"/> <b>Ladies of the Lake</b> |
| <input type="checkbox"/> Riley Lodge       | <input type="checkbox"/> Riley Lodge               |
| <input type="checkbox"/> Underwood Lodge   | <input type="checkbox"/> Underwood Lodge           |

ATTENDEE INFO

Roommate(s) Request: \_\_\_\_\_  
 Dietary Concerns: \_\_\_\_\_  
 Medical Concerns: \_\_\_\_\_  
 Other Information To Share With Our Staff \_\_\_\_\_

PAYMENT

Make checks payable to "UNYAC" with "Sky Lake" in the memo line.  
 Method of payment:  
 Check # \_\_\_\_\_  
 Visa  
 MasterCard

Amount to be placed on card (if other than full amount): \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Security Code: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_\_  
 Name on Card (please print): \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_  
 If different from mailing address:  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FOR OFFICE USE ONLY

GUEST NAME \_\_\_\_\_

EVENT \_\_\_\_\_

POSTMARK DATE \_\_\_\_\_

RCID \_\_\_\_\_