Please complete this registration form, print and enclose with payment for your weekend at the Homestead Retreat.

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Email |  | |
| Phone |  | |
| Dates Attending: |  | |
| Amount Enclosed: | $ |  |
| Others in my group: |  | |
| Room Request: |  | |
| Special diet / Allergens /  Physical Restrictions |  | |

Checks should be made payable to: Homestead Retreat

Please note in the memo line the dates of your stay.

Mail completed form to:

Homestead Retreat

E3957 Prouty Rd

Hillpoint, WI. 53937