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