

# DISTRICT & CONFERENCE OFFICER LEADERSHIP DEVELOPMENT DAYS

April 19 through April 21, 2024

Lazy F Camp and Retreat Center, 16170 Manastash Road, Ellensburg, WA 98926

**REGISTRATION DEADLINE: MARCH 10, 2024**

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## REGISTRATION

Name for your Name Badge \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Church \_\_\_\_\_

District \_\_\_\_\_ Office \_\_\_\_\_

Doctor or Healthcare Facility \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Can we use your photo in promotional materials? Yes  or No

Do you need a lanyard for your name badge? Yes  or No

Food Allergies: \_\_\_\_\_

**ADA needs:** We are happy to help you prepare for an enjoyable experience! Please share your challenges or concerns. If we don't know before the event, we may not be equipped to assist:

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- If you are taking **medications** at this time and are bringing them to the retreat, please have the list in your luggage or with you in case there is a medical emergency.
  - If you have **special needs, dietary needs, or restrictions** that would affect your participation, *please attach* this information to the registration form.
  - In signing this form, I hereby certify that this information is correct and complete as far as I know. I hereby give permission to the Retreat Leadership to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. In case of a medical need, I understand that every effort will be made to contact the above-named emergency contact person. In the event they cannot be reached, I hereby give permission to the physician selected by the Retreat Leadership to secure and administer treatment, including hospitalization. I agree to release any records necessary for insurance purposes. I authorize the use of photos for future publicity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## RESERVATION

(Please check where appropriate)

- Skyline Cabin—Upper Bunk (includes five meals, a towel, and bedding)
- Skyline Cabin—Lower Bunk (includes five meals, a towel, and bedding)
- \*SKYLINE ASSIGNMENTS ARE ON A FIRST-COME, FIRST-SERVE BASIS.**
- Ridgeview—Upper Bunk (includes five meals; provide your own towel and bedding)
- Ridgeview—Lower Bunk (includes five meals; provide your own towel and bedding)
- Trading Post—Upper Bunk (includes five meals; provide your own towel and bedding)
- Trading Post—Lower Bunk (includes five meals; provide your own towel and bedding)

**Please send the completed registration form to Jenny Bygland**

at 21445 94<sup>th</sup> PI S, Kent, WA 98031

Email [jbygland@kentmethodist.com](mailto:jbygland@kentmethodist.com)