

**PARISH SYNOD DEACON RETREAT**  
**Sept. 6-7, 2019**  
**Redeemer Lutheran, Winter Park**



**Registration Form**

If you are attending the retreat, please complete this form and return it along with your check. Do not complete this form if you ARE NOT attending the retreat. Thank You

Please Print

\_\_\_\_\_ Yes, I WILL attend the retreat

\_\_\_\_\_ Yes, my spouse \_\_\_\_\_ will also attend.

\_\_\_\_\_ Other person attending: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Church: \_\_\_\_\_ Phone No. \_\_\_\_\_

Church Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's E-mail Address: \_\_\_\_\_

Any food allergies or diet requirements: Yes or No (please circle) If yes, please indicate: \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_ (Number of persons attending times \$65.00 each)

Make Checks Payable to: Deacon Oversight Committee

\*\*\*on the memo line please state "2019 Deacon Retreat"

Address the envelope to: Deacon Marcy Kysilka, 2837 Lake Baldwin Lane, Apt. B-104, Orlando, FL 32814

Deadline for registration is August 15,2019. If you have any questions, please contact the Deacon Committee Oversight chairperson by e-mail at [deaconchair@yahoo.com](mailto:deaconchair@yahoo.com).