



## Retreat Mail-in Registration Form

First & Last Name:
Mobile Phone:
Email:
Street Address:
City:
State:
Zip:
Do you have any special dietary needs? (Please explain)
Do you have any physical limitations or special needs? (Please explain)
Is there anything you would like for us to know about you, or something you feel we need to know?

Upon receipt of your registration a member of the leadership team will contact you to confirm your acceptance and to answer any additional questions you may have.

Please mail this completed form along with your \$275 registration fee in a check made payable to "Illuman of the Ozarks" to the address below.

**ILLUMAN OF THE OZARKS**  
**P.O. Box 2009**  
**Rolla, MO 65402-2009**