



Lake of the Woods

Writers' Retreat Registration

Name _____

Dates: September 18 – 21, 2014

Address _____

City, State, Zip _____

Preferred phone _____

Email _____

Emergency Contact Information

Name _____

Phone _____

Payment Information *Writers' Retreat fees are \$200 USD. A non-refundable deposit of \$100 is due upon registration. Balance is due by September 8, 2014. Refunds are at the discretion of Laketrails Base Camp and Red Shoes Writing Solutions.*

Paying by: check credit card

VISA Mastercard Amount _____

Name on card: _____

CSC code _____ Expiration _____

Mailing address: _____

Card # _____

City/State/Zip: _____

Health Information

Laketrails Base Camp is located approximately 2 hours away from the nearest medical facility. For general safety purposes, it is important that Laketrails be made aware of each participant's health conditions.

Please describe any pertinent health information below.

Significant past history: _____

Allergies: _____

Diet restrictions: _____

Medications: _____

Other: _____

The above history is correct, and I accept all responsibility and risks for participation in the Lake of the Woods Writers' Retreat.

Signature: _____

Date: _____

Please mail completed form with payment to: **Red Shoes Writing Solutions, 33145 593rd Ave., Warroad, MN 56763**