

# Urban Immersion Service Retreats

registration form



Please return this form, complete with your deposit, two months prior to your desired retreat date.

**Mail to:** Urban Immersion Service Retreats  
P.O. Box 7509, Minneapolis, MN 55407-0509

**Questions:** telephone us at 612-276-1564 or visit us online at [gmcc.org/retreats](http://gmcc.org/retreats)

Contact person: \_\_\_\_\_

Organization/group: \_\_\_\_\_

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

Telephone with area code: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Retreat date desired: \_\_\_\_\_

If returning group, please list dates of previous retreats (month/year) and the number of anticipated participants.

Previous retreat dates: \_\_\_\_\_

Number of returning participants: \_\_\_\_\_

Type of retreat desired (please select one): week-long \_\_\_\_\_ half-week \_\_\_\_\_ weekend \_\_\_\_\_ other \_\_\_\_\_

Age and size of group (youth/adults): please list the number of anticipated participants in each age category:

junior high \_\_\_\_\_ senior high \_\_\_\_\_ college \_\_\_\_\_ adult \_\_\_\_\_ **total** \_\_\_\_\_

I understand that photographs may be taken of myself and members of my retreat group, regardless of age, and those photographs may be used by the news media, and/or in publications and materials to help promote Urban Immersion Service Retreats and/or the Greater Minneapolis Council of Churches.

**X**

\_\_\_\_\_  
Signature of adult representing retreat group

\_\_\_\_\_  
Date

## DEPOSIT DUE (non-refundable and non-transferable)

Weekend retreat: \$20 per person

Week or half week retreat: \$50 per person

Total deposit enclosed \_\_\_\_\_

Payment in full is required one month prior to your retreat.

What does your organization do currently related to social justice and/or mission issues?

\_\_\_\_\_

Why do you want to participate in an Urban Immersion Service Retreat?

\_\_\_\_\_

A program of the  
greater minneapolis council of churches

UNITING PEOPLE OF FAITH—SERVING PEOPLE IN NEED