

Loucon Training & Retreat Center

8044 Annetta Road, Leitchfield, KY 42754

(270) 242-7160

Info@Loucon.org

*"A Ministry of the Kentucky Conference of
the United Methodist Church"*

MARRIAGE ENRICHMENT REGISTRATION FORM

To Register:

1. Fill out the registration form (**both sides**) and sign (**both spouses**). At this time online registration is not available for marriage enrichment.
2. Mail the completed registration form and the \$199 registration fee to the address in the upper left-hand corner. (Make checks payable to **Loucon Training & Retreat Center**) **It must be received 5 days before the start of the retreat.** Refunds are available upon request more than (5) days before the retreat begins, less a \$10 non-refundable administration fee.

February 13-15, 2009

Couple's Information					
Spouse 1		Spouse 2		Couple Address	
Title (Mr./Mrs./...)		Title (Mr./Mrs.)		Street	
Last Name		Last Name		City	
First Name		First Name		State	
Home Phone		Home Phone		Zip	
Work Phone		Work Phone		Note: You only need to repeat that information that is different from your spouses as you fill in the categories for the couple's information.	
Cell / Pager		Cell / Pager			
E-mail		E-mail			
Emergency Contact Information					
Emergency Contact 1		Emergency Contact 2		Other Helpful Information	
Full Name		Full Name		Fax Number	
Relationship		Relationship			
Home Phone		Home Phone			
Work Phone		Work Phone			
Church Information					
Church Name		Church Pastor's Name			
Church Address		District (If United Methodist)			
Church City		Remember: Please Share the Information about this special retreat with your Church!			
Church State					
Church Zip					

Couple's Medical Information

Spouse 1			Spouse 2		
Date of Birth			Date of Birth		
Gender (circle one)	Male	Female	Gender (circle one)	Male	Female
List all spouse's Allergies			List all spouse's Allergies		
List all medications & their purposes			List all medications & their purposes		
Other information that will help us better serve you			Other information that will help us better serve you		
Health Insurance			Health Insurance		
Doctor's Name			Doctor's Name		
Doctor's Phone			Doctor's Phone		

Note: Couples are responsible for all medications brought to camp.

Please List any special dietary needs		Please List any special dietary needs	
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Reservations will not be confirmed until the Loucon office has received registration form, with the registration fee. Confirmation letters will be mailed out to confirm your reservation.

In signing this registration form, I hereby certify that the above information is correct and give permission for the use of photographs including myself in camp publicity and on Loucon's web page and for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that I may be transported for special activities in the camp van. I realize that people on retreat can become ill and need medical attention. I hereby give permission to the Camp Health Care Provider to give over the counter medication (such as Tylenol, etc.) to me as proper treatment as deemed necessary for minor ailments. I realize that people on retreat can injure themselves without fault on the part of Loucon personnel. I hereby release Loucon from responsibility for injury to myself. I agree to submit my insurance claims to my insurance carrier first and will only use Loucon's insurance plan as a secondary insurance. IN case of medical emergency, I understand that every effort will be made to contact my spouse.

Printed name of Spouse 1

Signature of Spouse 1

Date

Printed name of Spouse 2

Signature of Spouse 2

Date

For Office Use Only:

Method Of Payment:		Check #:	
Amount Paid:		Amount Owed:	

Notes:
