

**Personal Information**

Date: ____/____/____

Full Name	
Email Address	
Phone Number	
Address	Street: _____ City: _____ State _____ Zip/Postal Code: _____
Name of Church	

Housing Information**Staying on the Grounds?** [] Yes [] No

Housing Selection	[] 100-500 Cabins 4 people per room \$45 per night	[] 600 Cabins 2 people per room \$45 per night	[] RV Space RV Space # _____ \$25 per night
Reservation Time	Number of Nights _____ Arrival Date: _____ Departure Date: _____ Amount \$ _____	Number of Nights _____ Arrival Date: _____ Departure Date: _____ Amount \$ _____	Number of Nights _____ Arrival Date: _____ Departure Date: _____ Amount \$ _____

****Refundable key deposit of \$10 required)****Meals - \$9 per Meal****Are you purchasing meals?** [] Yes [] No

Meal Selection	Friday Dinner Tickets Needed: _____	Sabbath Breakfast Tickets Needed: _____	Sabbath Breakfast Tickets Needed: _____	Sabbath Breakfast Tickets Needed: _____
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Meal Ticket Amount: \$ _____**Will you be attending the free LRC Legends Banquet on Sabbath evening at 7:00 pm?**

[] Yes [] No

Total Amount Due: \$ _____

Payment Method: [] Cash upon arrival

Payment Method: [] Check (place "meals or housing" in the memo section)

[] Debit/Credit Card

CLICK HERE TO PAY ONLINE: [HOUSING AND MEALS PAYMENT LINK](#)