



REGISTER ONLINE  
WWW.LAKEANNCAMP.COM

# BETH MOORE SIMULCAST

SEPTEMBER 16-17, 2016

**\$69** Includes: Friday lunch and dinner, Friday afternoon activities, breakfast and lunch on Saturday, and Simulcast. This option includes housing on Friday night.

**\*Registration will be on Friday from 11 AM - 1 PM**

**\$59** Includes: Friday lunch and dinner, Friday afternoon activities, breakfast and lunch on Saturday, and Simulcast. This option does **NOT** include housing on Friday night.

**\*Registration will be on Friday from 11 AM - 1 PM**

**\$29** Includes: Saturday only. Simulcast and lunch on the 17th.

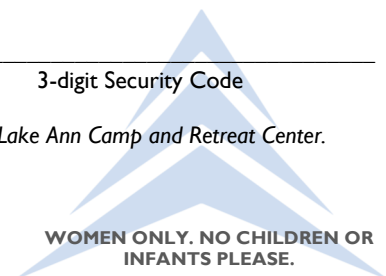
**\*Registration will be on Saturday from 8:30 AM - 10:00 AM**

Name _____		Home Phone _____		Cell Phone _____	
Email Address _____		Church Name Attending With _____		Church City Attending With _____	
Address _____		City _____		State _____ Zip _____	
Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover   Amount: \$ _____					
Credit Card # _____		Expiration Date _____		3-digit Security Code _____	

*I realize that my picture or testimony may be used in the promotion of Lake Ann Camp, and that I may receive email from Lake Ann Camp and Retreat Center.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date Rcv'd: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Initial: \_\_\_\_\_



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# 2016 LADIES RETREAT

SEPTEMBER 22-24 & SEPTEMBER 30-OCTOBER 2

Need a break? A refresh? If so, you won't want to miss the 2016 Ladies Retreat! We anticipate God will do a mighty work in your heart and life, and we trust you will be blessed and encouraged. We hope you will join us for this special weekend of learning, worship, and fellowship.

**Session 1 – September 22-24**

**Speaker:** Kelli Worrall

**Cost:** \$139

**(\$40 deposit required with registration)**

**Session 2 – September 30-October 2**

**Speaker:** Rachel Inouye

**Cost:** \$139

**(\$40 deposit required with registration)**

Name _____		Home Phone _____		Cell Phone _____	
Email Address _____		Church Name Attending With _____		Church City Attending With _____	
Address _____		City _____		State _____ Zip _____	
Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover   Amount: \$ _____					
Credit Card # _____		Expiration Date _____		3-digit Security Code _____	

*I realize that my picture or testimony may be used in the promotion of Lake Ann Camp, and that I may receive email from Lake Ann Camp and Retreat Center.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date Rcv'd: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Initial: \_\_\_\_\_

