

**Reflective Time Away at Lakeshore  
Suffering to Hope  
Registration Form**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

\_\_\_\_\_

Checks Payable to Lakeshore Center

**Rate includes Room, Meals, and  
Presentations**

Single Room  \$225

Shared Room  \$175

Preferred Roommate:  
\_\_\_\_\_

Please mail to: Lakeshore Center  
1864 Hwy 86, Milford, IA 51351  
Phone: 712-337-3313

Or register online at  
[www.lakeshorecenteratokoboji.org](http://www.lakeshorecenteratokoboji.org)

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