

*Whispering Pines Retreat  
Reservation Form*

1. *Name of group* \_\_\_\_\_

2. *Contact person* *Name:* \_\_\_\_\_  
*(please list two)* *Address:* \_\_\_\_\_  
\_\_\_\_\_ *Zip* \_\_\_\_\_  
*Phone:* \_\_\_\_\_  
*Email:* \_\_\_\_\_  
*Name:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
\_\_\_\_\_ *Zip* \_\_\_\_\_  
*Phone:* \_\_\_\_\_  
*Email:* \_\_\_\_\_

3. *Date of retreat* \_\_\_\_\_

4. *We will be using* *Dettmann Lodge* \_\_\_\_\_  
*Dining Hall* \_\_\_\_\_  
*Strandt Lodge* \_\_\_\_\_

5. *Return with \$200 deposit to:*  
*Whispering Pines Retreat*  
*W5389 Lake Drive*  
*Shawano, WI 54166*  
*(715) 526-5593*  
*Fax (715) 524-4881*

[whisperingpinesretreat@frontiernet.net](mailto:whisperingpinesretreat@frontiernet.net)  
[www.cuw.edu/whisperingpines](http://www.cuw.edu/whisperingpines)



*FOR OFFICE USE*  
\_\_\_\_\_ *Deposit received*