Whispering Pines Retreat
Reservation Form

1. Name of group

2. Contact person
   Name: __________________________
   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
   www.cuw.edu/whisperingpines

FOR OFFICE USE
_____________ Deposit received