

NW Deaf Men's Retreat 2026

Please print out this form and fill it out.
Then send to the address listed at the bottom.

Name: _____

Address: _____

Email: _____

Phone # for texting: _____

VP #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Your Church and Pastor's Name: _____

Preferred Roommates:(if none, leave blank) _____

Do you have any special accommodations or needs that we need to know about? _____

Please list any dietary restrictions: _____

How did you find out about the retreat?: (friend, church, advertisement, etc.)

Please send this form, along with a check for \$195.00
payable to: "Deaf House Fellowship"

to:

NW Deaf Men's Retreat
Attn: Lance Forshay
12215 111th Ave.
Puyallup, WA 98374