



RESERVATION FORM

**\$100 non-refundable deposit due April 8, 2011
to get reduced \$35 per person fee.**

Parish Name: _____

Youth Minister / Contact Name: _____

(street address) _____

city, state, zip) _____

E-mail Address: _____

Phone Number(s): _____

Please circle below to indicate which option you are registering for:

Day visitors (Saturday ONLY)

Overnight Camping (Saturday and Sunday)

Form and Payment should be mailed to: Eagle's Wings Retreat Center
2805 RR 2341
Burnet TX 78611

Make checks payable to: Eagle's Wings Retreat Center