WINTERFEST Rooming List 2027

Complete and mail to the address below, and keep a copy for yourself

Congregation Name: _____ **# of youth/young adults attending:** _____

Lead Advisor's Name: _____ **# of adult advisors attending:** _____

Type(s) of rooms requested (how many total):

Quads _____ **Triples** _____ **Doubles** _____ **Singles** _____

Singles are reserved for adult advisors only: please add an additional $80 for each single

Rooms:

Please designate the names of those who are adults with a capital "A" behind their name

Room 1: Name(s)

_____

_____

_____

_____

Room 2: Name(s)

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_____

Room 3: Name(s)

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Room 4: Name(s)

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Room 5: Name(s)

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Room 6: Name(s)

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_____

See back for more rooms and for information regarding form submission

Room 7: Name(s)

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Room 8: Name(s)

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Room 9: Name(s)

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Room 10: Name(s)

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Room 11: Name(s)

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Room 12: Name(s)

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_____

Special needs/requests:

TO CONFIRM REGISTRATION:
Mail this form with a non-refundable deposit of $50.00 per person,
***(unless you paid digitally)*, payable to:**

Lower Susquehanna Synod
c/o WINTERFEST 2027 Event
1959 Market Street
Camp Hill, PA 17011