General Information

When: The Retreat Stars on Wednesday, July 12 at noon and ends on Sunday July 16 in the afternoon.

Where: The retreat will take place at TSL’s River Retreat, located south of Royal Teton Ranch along the Old Yellowstone Trail and about 7 miles away from the North Entrance to Yellowstone National Park.

Cost: $220 USD before June 6 and $235 USD after June 6. This fee includes housing, food and activities for the duration of the retreat.

*We have a number of limited scholarships available, to apply please click on the link and fill the scholarship application form with all your details by June 30: https://goo.gl/forms/qoZVqOCXZ7v6XZZx2

How to Register

1. Download and fill out this retreat registration form.
2. Email completed forms to CommunityKLF@gmail.com

*Email completed forms by June 6 to receive discount

*You must be between the ages of 18-36 to register and attend this event.

Registration: Postmarked May 1 – June 6 Late Registration: Postmarked after June 6

Phone: 1-800-245-5445 or 406-848-9500, Mon-Fri, 9:30 a.m.–5:30 PM MDT by June 6
Fax: 1-800-221-8307 or 406-848-9555, 24 hours a day.
Mail: The Summit Lighthouse, 63 Summit Way, Gardiner, MT 59030-9314 USA

Payment Method

☐ Personal check (made out to TSL/CUT) ☐ Money Order ☐ Credit Card ☐ Other: _____
Visa/MC/Amex/Discover (circle one) Card Number__________________Exp._______
Authorized Signature__________________GRAND TOTAL Amount__________

Scholarship approved for $____________________

(****For security reasons, please do not mail cash or email credit card info)

For more information and details about the retreat, questions or help with registration, please email us to CommunityKLF@gmail.com or call Customer Service 800-245-5445 or 406-848-9500.
Travel Information

If you are flying in before the retreat starts and need transportation from the airport to the retreat or from the retreat to the airport, please let us know in advance to make arrangements. The estimated time from the airport to the retreat is approximately one hour and a half.

Young Adult Arrival
☐ Young Adult will arrive at Retreat by him or herself
☐ Young Adult needs to be picked up at Bozeman Airport
☐ Airlines ___________ Flight # _________ Date _________ Arrival time _________
☐ Other __________________________

Young Adult Departure
☐ Young Adult will depart from Retreat by him or herself
☐ Young Adult needs to be brought to the Bozeman Airport
☐ Airlines ___________ Flight # _________ Date _________ Departure time _________
☐ Other __________________________

Participant name: _______________________________ Age______ M ___ F___
Attending other Summer events_____ Which one(s)? ______________________
Date of Birth _______ KOF Account No. __________
Email_____________________________ T-shirt Size __________
Address __________________________ City/State/Zip: _______________________
Phone Day_________________Evening_________________Cell________________
How did you find out about the retreat?
____________________________________________________________________

Do you know about the teachings of the ascended masters?
____________________________________________________________________

Have you attended a Summit Lighthouse study group or Teaching Center? Which one?
____________________________________________________________________

We will have a variety of delicious food available during the retreat. If you have food allergies or preferences please mention them here: _________________________________
Are you Vegetarian? Yes ____No____ Are you Vegan? Yes ____No____
Are you Gluten intolerant? Yes ____No____

Emergency Contact
In the event of an emergency, retreat staff will first try to contact the emergency contact.
Name __________________________ Relationship _______________________
Address__________________________________________________________
Medical Information:
Participant Name ______________________
Health Insurance Yes____ No____
Name of Health Insurance Carrier: ________________________________
Group Plan # ___________________________ Phone ______________________
Family Physician: ______________________ Phone: _____________
Date of last tetanus booster: _____________

Medical Conditions
It is your responsibility to inform Church Universal and Triumphant of any existing medical condition that you have, both on this form as well as at registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise.

1. Do you wear? Contact lenses/glasses ________ Hearing aid ________

2. Do you have asthma? _____ Specify medication____________________

3. Do you have a heart condition? _____ Describe your limitations, medication and history:

4. Do you have any physical disabilities or limitations that could become a problem in this program? If so, please describe the disability, limitation and history:

5. Are you currently on any medication? _____ If so, indicate the specific medication and dosage, condition prescribed for and any known negative drug interactions:

6. Is there any other condition that we should be aware of that may endanger, alter, or somehow limit your abilities to participate in our programs? Please describe in detail:

7. Are you allergic to any of the following? If so, please explain and give specific reaction to each, degree of sensitivity (10 being deathly allergic and 1 being mildly) and specific allergen:
   1) Medication (i.e. penicillin, aspirin)
   2) Insect bites (i.e. wasps, bees)
   3) Foods (i.e. peanuts, chocolate)
   4) Plants
   5) Other
   Do you have medication you use for allergic reactions (i.e. EpiPen, Benadryl)? If so, what do you use?

*Note: (We do request that if you do have anaphylactic allergic reactions that you bring medication to counter it appropriately - i.e. EpiPen or AnaKit).
KLF Retreat Pledge

I pledge to do all that I reasonably can to make this retreat a great experience for myself and everyone else. I will do this by maintaining a positive attitude towards all people and events at the retreat and by embracing the KLF Values: Integrity, Brotherhood, Compassion, and Pursuit of Wisdom.

I recognize that the retreats are a great opportunity to make spiritual progress, and I will do all that I can to help others and myself on our own spiritual paths.

I will attend all planned activities and learning sessions in which I am physically and emotionally able. I will show respect in all planned activities and learning sessions. I will also respect everyone's beliefs and ideas, and I will respect all mentors, both adult and youth, just as they will respect me.

I agree to follow the guidelines that we will all set together in our first retreat session.

If I have a problem or a disagreement, I will try to resolve it in a positive way with consideration for others' feelings. I will not listen to or spread gossip or rumors about others.

I agree not to use alcohol, drugs, or tobacco while at the retreat.

For the duration of the retreat I choose to focus on my own spiritual growth and spiritual friendships, and not exclusive or "dating" relationships.

I am attending this retreat because I want to be there.

Signed with sincerity.

Participant Signature:

__________________________

Date:

__________________________