



## Northern Illinois Synod Women of the ELCA

*“Created in God’s Image: Restoring the Circle”  
led by Inez Torres-Davis*

**Deadline for Scholarship Form: March 20, 2016**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**The retreat is at LOMC, Oregon, IL on Saturday, April 9th.**

Name of ELCA Congregation in which you are a member \_\_\_\_\_

Your Conference \_\_\_\_\_ Pastor’s name/phone # \_\_\_\_\_

1. What is your involvement with the Women of the ELCA? \_\_\_\_\_

\_\_\_\_\_

2. Why is attending this event important to you? \_\_\_\_\_

\_\_\_\_\_

3. Have you received a Retreat Scholarship before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Your age:    20-35            36-50            51-75            76-?

Your signature: \_\_\_\_\_

**Deadline: Please return the completed Retreat Scholarship Form by March 20, 2016**

Send scholarship application to: **Wallie Stewart, 4406 Crawford Dr. Unit A, Rockford, IL 61114.** If you do not receive a scholarship, you can pay the remaining amount when you arrive at the retreat. We will inform you before then.

Send registration form to registrar: **Joan Soltwisch, 16191 Hare Rd., Minooka, IL 60447 with half payment.**

*Office Use Only: Date Received \_\_\_\_\_ Reply \_\_\_\_\_*



**Northern Illinois Synod  
Women of the ELCA**

**Retreat Registration Form 2016**

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**Use this form for the Retreat. Please note the deadline.  
Include a check for \$35 for the one-day retreat.  
Make checks payable to “NISWO.”**

**Send this form and your check to Joan Soltwisch, 16191 Hare Rd., Minooka, IL 60447**

Upon receiving your registration, a confirmation letter, including a road map, will be sent to you. The retreat includes coffee, lunch, snacks, and materials (please bring a Bible).

LOMC, 1834 S. IL RT 2, Oregon, IL  
Saturday, April 9th, 2016  
Deadline: March 20th, 2016

Registration and Coffee: 8:15-9:00 a.m.

\$35 includes morning coffee, lunch, snacks, and materials (Please bring a Bible).

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*Please print*

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Conference \_\_\_\_\_

Church Name & Address \_\_\_\_\_

Special Needs (diet, physical, etc.) \_\_\_\_\_

*Office Use Only: Check Received \_\_\_\_\_ Confirmation Letter Sent \_\_\_\_\_*