Disciples Fellowship Retreat

Disciples Fellowship Retreat Goes Global

Labor Day Weekend, September 4th – 6th, 2026 at Camp Christian
10335 Maple Dell Rd., Marysville, Ohio 43040

Disciples Fellowship Retreat

Registration – Please Print Clearly – You can also register online at www.ccinoh.org or [CDM + Engage](#)

Primary Contact Name_____

Address_____

City_____ State_____ Zip_____

Email_____ Phone(_____)_____

Church_____ Church City_____

Full Weekend Registration Fees – Per Person – Fill in # of Attendees

Monroe Lodge

_____ $110.00: Attendees ages 12 and up _____$55.00: Children ages 4 – 11 _____Free: Children 3 and under

Cabins

_____$90.00: Attendees ages 12 and up _____$45.00: Children ages 4 – 11 _____Free: Children 3 and under

RV or Tent – One fee per RV or Tent for lodging, then per person for program and meals.

_____$110.00: RV and 1 Adult _____$70.00: Tent and 1 Adult _____ Free: Children 3 and under in and RV or Tent

_____$40.00: Program & meals for additional attendees ages 12 and up in an RV or Tent _____$20.00: Program & meals for additional children ages 4 – 11 in an RV or Tent

Saturday Only – Includes all meals, no lodging – Fill in # of Attendees

_____ $40.00: Attendees ages 12 and up _____$20.00: Children ages 4 – 11 _____Free: Children 3 and under

Maximum cost for immediate family group living in the same household is $300.00.

_____ Check here if the above registration fees for your immediate family exceeds $300.00. Please still fill in the numbers above for housing and retreat planning purposes, but your total amount due will be $300.00.

SCHOLARSHIPS ARE AVAILABLE - If you need scholarship assistance, please fill out the separate scholarship form and/or contact ohiodfr@gmail.com.

Please note, at least a $20.00 non-refundable deposit is due with registration. You can make payments or pay in full for this retreat. **Also**, a $20 late fee will be added for anyone registering after Friday, August 28th.

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Please complete in full for every attendee, including any children ages 3 and under. (Use additional page if needed.)

1. Name:_____ DOB_____

   Dietary or Medical Concerns_____

2. Name:_____ DOB_____

   Dietary or Medical Concerns_____

3. Name:_____ DOB_____

   Dietary or Medical Concerns_____

4. Name:_____ DOB_____

   Dietary or Medical Concerns_____

5. Name:_____ DOB_____

   Dietary or Medical Concerns_____

6. Name:_____ DOB_____

   Dietary or Medical Concerns_____

7. Name:_____ DOB_____

   Dietary or Medical Concerns_____

8. Name:_____ DOB_____

   Dietary or Medical Concerns_____

9. Name:_____ DOB_____

   Dietary or Medical Concerns_____

Anything else we should be aware of prior to the Retreat?_____

_____

Please mail the completed forms with payment to:
Christian Church in Ohio, 10335 Maple Dell Rd., Marysville, OH 43040
Or register online at www.ccinoh.org

Questions? Contact the Disciples Fellowship Retreat Leadership at ohiodfr@gmail.com.