



**The Bishop Emeritus David & Judy Benke
Retreat Fund Application**

(Please complete and return to the Zone President)

Name_____

Address_____

Telephone Number _____

Email_____

Name of Congregation/City_____

Pastor's Name_____

LWML Local Group's Name_____

Reason for requesting financial assistance_____

Do you have a roommate for the retreat? Please circle Yes or No

Is this your first time attending an LWML Atlantic District Retreat?
Please circle Yes or No

Applicant's Signature_____

Zone President's Signature_____

Date Application completed_____

District President's Signature_____

Date Application Approved by District President_____

The deadline for submitting an application to the District President is August 20.