

# Registration Form 2026 NW District LCMC Gathering

NW District's annual gathering will be convened at Camp Lutherhaven 3258 West Lutherhaven Road, Coeur d'Alene ID 83814 from April 23-April 26.

We are asking people, especially church workers, to consider attending the whole weekend for a time of rest, relaxation and renewal. We will begin Thursday evening with a time of food and fellowship and conclude Sunday with brunch and worship service.

We ask that those who are registering to stay at the camp list all those who are staying in a room on one registration form.

Other participants can arrange for their own accommodations and commute to the camp every day. Special rates are offered to commuters, which include registration fees, camp day-use fees and meals. We also ask that those who are traveling as a group fill out one registration form.

You may register by submitting a paper registration or online. Links to our online registration form can be found on our website: [www.lcmc-nw.com](http://www.lcmc-nw.com)

Paper registrations can be captured with a cellphone camera or scanner and attached to an email you send to our Treasurer Karla Kaleva at [karlakaleva12@gmail.com](mailto:karlakaleva12@gmail.com) or mail the form to:

Northwest District LCMC  
Attention: Karla Kaleva, Treasurer  
400 Circle Dr.  
Cut Bank, MT 59427

## Registration Fees

- Option 1** Adult 3 nights \$350.00  
**Option 2** Adult 2 nights \$260.00 (Thursday night/Friday night)  
**Option 3** Adult 2 nights \$260.00 Friday night/Saturday night)  
**Option 4** Adult Commuter 3 day \$180.00  
**Option 5** Adult Commuter 2 day \$150.00  
**Option 6** Adult Commuter 1 day \$120.00  
**Option 7** Youth Package (13-18) 2 day \$230.00  
**Option 8** Child Package (4-12) 2 day \$200.00  
**RV's** \$100 for the RV, then register as commuters)  
Child under 4 years \$0.00

## Calculating Total Registration Fees

Registrant	Option Choice	Registration Fee
Registrant #1		
Registrant #2		
Registrant #3		
RV Space		
Total		

**Name of Registrant #1**

**Address**

**Cell Phone/Email**

**Name of Registrant #2**

**Address if different**

**Cell Phone/Email**

**Name of Registrant #3**

**Address if different**

**Cell Phone/Email**

**Name of Congregation or ministry you represent.**

**Please list any special needs below.**

**Please list any food allergies below**

**Payment of Registration fees.**

Please mail a check to the Northwest District LCMC, Att. Karla Kaleva, Treasurer, 400 Circle Dr., Cut Bank, MT, 59427

If you would like to pay by credit card or debit card, please register online through the link on our website [www.lcmc-nw.com](http://www.lcmc-nw.com)