

Registration Form for Women's Retreat 2025

October 17-19, 2025

Registrant Information

Name _____

Name you would like on name tag _____

Email address _____

Best phone number to contact _____ cell _____ landline _____

Preferred way to be contacted _____ email _____ text _____ phone _____

Emergency contact information – Name and phone number _____

Rooming options – includes 5 meals

___ I want a bed to myself for **\$230**

preferred roommate (Optional) _____

___ I want to share a bed for **\$ 160**

Woman I want to share a bed with _____

Other women I want to be in the room (Optional) _____

___ I need a scholarship, and this is what I can contribute \$ _____

___ I want to contribute to the scholarship fund in this amount \$ _____

Total due _____

Paid _____ Online /date _____

_____ By check/date _____

Special Requests:

___ I need a ride to the retreat

___ I have special dietary limitations which are _____

~Please look on the back for more options~

Ways I can help at the retreat:

___ I can drive someone to and from the retreat and can take # _____ of women.

___ I can be a shuttle driver at the retreat

___ I can lead a small group

___ I can lead a Saturday afternoon workshop. Topic _____

___ I can lead a Saturday afternoon hike

___ I can help set up the room _____

___ I can help clean up the room _____