

Women's Retreat Registration ~ "Faith, Hope & Love"

Falls Creek Retreat Center in Raymond, WA ~ April 26-28, 2019

Room # _____

Bldg: _____

First _____

Last: _____

Name: _____

____ I am a guest of: _____

____ I am a mother with a baby less than 12 months old that will be coming with me

____ This is my first retreat with TCOTM

Address: _____ Home Phone: _____

____ E-mail: _____

Cell Phone: _____ Quiet room please I stay up late/ don't mind noise

Roommate Request(s): _____, _____, _____

____ I plan to leave for retreat from _____ on Friday at _____ am/pm

____ I need to ride with someone

____ I have room in my vehicle for _____ ladies and their luggage

Food Allergies: I am severely allergic to _____, _____ & _____

Stairs: ____ I am unable to climb stairs

Tuition Cost: \$ 130 - First payment must accompany your registration form.

____ \$60 Non-refundable deposit due by March 31st Ck# _____ Cash _____

____ \$ balance due by April 7th Ck# _____ Cash _____

____ \$ paid all at once Ck# _____ Cash _____

____ I am in need of a partial scholarship (please see the WMT @the hall table for the form)

If mailing: I have attached my registration form and non-refundable deposit of \$50. Make checks payable to TCOTM with a Women's Retreat memo. Mail to Linda Spatuzzi 24365 E. Fahie Lane, Welches, OR 97067

Please Read and Sign: I understand that if I am unable to attend the retreat for any reason, I can send someone else in my place. _____ (Signature)

Women's Min.
Team use only:

Upstairs

Downstairs

Building _____

Room # _____

Notes: _____



EMERGENCY CONTACT INFORMATION FOR:

Last: _____ First: _____ Bldg: _____ Rm # _____

PRIMARY CONTACT: Name: _____

Home Phone: _____

Cell Phone: _____ Other: _____

ALTERNATE CONTACT: Name: _____

Home Phone: _____

Cell Phone: _____ Other: _____

I have the following health issue(s) you should be aware of: _____
