

REGISTRATION FORM

The Ecumenical Renewal Retreat XVI

September 3 - 6, 2019

At Chapel Rock Conference Center, 1131 Country Club Drive; Prescott, AZ 86303

Please complete registration form for each attendee.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

Your e-mail address: _____ @ _____ . BIRTHDATE: _____

Female__ Male__

CONGREGATION WHERE YOU WORSHIP: _____

EMERGENCY CONTACT NAME & PHONE _____

MY DOCTOR'S NAME _____, and PHONE # _____

MEDICATIONS *bring* complete list, or _____

ROOM-MATE REQUEST _____

HANDICAPPED ACCESSIBILITY NEEDED: YES ___ NO ___.

Special Dietary *needs* _____

___ I AM ABLE TO TAKE _____ PEOPLE & LUGGAGE WITH ME IN MY CAR.

___ I'D BE HELPED BY A RIDE TO & FROM - SHARING EXPENSES.

___ MY NAME AND CONTACT INFO CAN BE LISTED ON THE RETREAT ROSTER

___ I HEREWITH PAY THE AMOUNT OF **\$295.00 (per person, based on double occupancy)**

... **The *very limited* supply of single rooms increase the cost by \$65 (Total \$360).**

PAYMENT IN FULL . . . BY CHECK # _____ WHICH I GAVE / SENT TO:

Church of the Palms, 14808 N. Boswell Blvd, Sun City AZ 85351

Make check out to: Church of the Palms (with "Chapel Rock Ecumenical Retreat" on the memo line). *This form, properly filled out, and your check, will secure your place. Please register promptly. (Feel free to copy this form for others!)*