

Authentic Living: A Legacy of Grace



2021 Women's Retreat – Registration Form May 21-23, 2021

PLEASE PRINT LEGIBLY!

***Please read this registration form over carefully before signing and returning!**

NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS:

COVID UPDATE:

Please note that because Cedar Springs Christian Retreat Center is considered “A Place of Worship” we can meet there under the same guidelines that apply to activities and guidelines of Family Bible Church. Cedar Springs is following the phase 3 guidelines for both cleaning and food service. This means that they are cleaning and sanitizing all rooms before our arrival. And during our stay they will be sanitizing all touch surfaces in our meeting spaces (doors, coffee station, bathrooms, etc.) 3 times a day. Current social distancing rules will be followed for meeting and dining room set up. We will wear face coverings in all meeting and dining spaces. It will be at your own comfort level whether you chose a single or double occupancy room.

Special Needs:

Do you have any allergies/sensitivities we should know about (i.e., mold, chemicals, perfume etc.)? If yes, please give us the details: _____

Food Allergies: Please note this is for **true food allergies** not food preference: _____

(Please see the other side)

Room Requests:

Please note: You have the option to have your own room at the single occupancy rate based on availability. (See below for rate details). If you chose to room with someone, we will make every effort to accommodate your requests (within reason) but humbly ask that you remain flexible considering the limited number of rooms available to us.

- If a single room is **not** available, I will not attend
- I snore
- I sleep with a CPAP or White Noise machine

I would like to share a room with: _____

Total Cost which includes Registration Deposit, 2 nights lodging and 5 meals

Double or Triple Occupancy	\$150.00
Single Occupancy	\$185.00

A non-refundable deposit of \$50.00 is required at time of registration. Sorry we cannot hold a spot for you without your deposit. **Scholarships are available**, please contact Carolynn Kaetterhenry, in person or at 360-320-1663, or email her at bobandcare@outdrs.net .

Retreat Tote Bag:

- YES!** I do want a new tote bag

We are giving you a choice as many of us have collected a plethora of tote bags over the years.

Getting There:

- I can drive a carpool if needed

I will be able to leave at _____

- I want/need to ride with someone

I will be able to leave at _____

- I'll find my own way, thanks

I have read and understand all the above information. If I have any special needs it is my responsibility to inform the Retreat Directors before the registration cutoff of **Sunday, May 16, 2021. I also understand that if I have not paid all balances owed **by May 16, 2021** and have not communicated with Carolynn Kaetterhenry or Cindy Minich, I will forfeit my reservation and deposit.**

Signed: _____ **Date:** _____

(Please see the other side)

For Committee Use Only:

Deposit Received: \$ _____ Balance Due: \$ _____ Rec'd by: _____

Scholarship approved by Carolynn _____ Scholarship amount given _____ Balance Due _____

Retreat Comp _____ Approved by: _____