

REGISTRATION FORM

CFUMC Women's Spiritual Retreat

Sept 15-17, 2017

Cohutta Springs Conference Center

Name _____ Best Phone # _____

E-mail _____

May we communicate your contact information to others attending the retreat? Yes No

Emergency Contact (Name, Phone #) _____

Sleeping Arrangements: will room with _____ or select a roommate for me

Special requests: Need handicap room Dietary/Medical Concerns _____

Other _____

Transportation (check one): I will drive and can take ____ additional people

I would like to ride with someone

I will make my own arrangements

Saturday Lunch: I will eat at Edna's with the group

I will make my own arrangements

PAYMENT DEADLINES

\$125 due **May 14** to reserve spot

\$100 due by **August 6**

Make checks payable to **Chamblee First UMC** and specify **Women's Retreat 2017** in memo line. Return completed registration form, with payment, to **the Women's Retreat mail box in the mail room (look for the Retreat Envelope)**. Thank you!

QUESTIONS?

Lee Turner
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Jennifer Teahan
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Cheryl Atkins
678.231.7554
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If you would like information about a confidential scholarship for yourself or someone else, or would like to make a donation toward a scholarship, please contact Lee Turner or Cheryl Atkins.

-----For Treasurer/Committee use only -----

1st Amount paid _____ Form of payment _____ Paid in full?

2nd Amount paid _____ Form of payment _____ Paid in full?