

REGISTRATION FORM

CFUMC Women's Spiritual Retreat

Sept 14-16, 2018

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 13** to reserve spot

\$100 due by **August 5**

Make checks payable to **Chamblee First UMC** and specify **Women's Retreat 2018** 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
404.275.3070
leetur@bellsouth.net

Jennifer Teahan
770.381.8256
jentea74@hotmail.com

Cheryl Atkins
678.231.7554
atkins@us.ibm.com

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 -----

1 st	Amount paid _____	Form of payment _____	Paid in full? <input type="checkbox"/>
2 nd	Amount paid _____	Form of payment _____	Paid in full? <input type="checkbox"/>