Cedar Springs, Women's Retreat Oct. 18-20, 2019

Registrar: Jacqueline Goring Text/Cell: 778.228.0435 Email: jagor@telus.net

Submit on Sunday or drop off at the church office.

Name	
PhoneCe	ell
Address	
Email	Church Mail Box #
Our retreat is a 4 part messag Arrival 5:00 pm. Dinner is served at 7:30. Retreat ends Sunday 11:00 am.	6:30 pm. Program begins at
2 or 3 or 4 per Room	□ \$220.00
Bunk Room 6+ per Room	□ \$210.00
Optional Sunday lunch at 12:00	□ \$15.00 Additional
Saturday Craft Time: (an optional activity)	□ \$5.00
\ 1	Total <u>\$</u>
Cheque Payable to: <u>Calvary Baptist</u> memo: <u>Women's Retreat 2019</u> . If p copy of your receipt to this form.	
I would like to pledge \$to retreat.	to help someone else come
To donate and receive a tax receipt to please mark a separate deporture when a separate deporture deportur	osit/offering envelope
If you have financial need, please specified Please be sure to have all defor U. S. Border Crossing are	peak to the registrar privately. ocumentation needed

	ve the right to assign room #'s to may choose the type of room.
□ bunk room □ 2 p/room	m □ 3p/room □ 4 p/cabin
*See last page regarding med Cedar Springs is asking to be conditions and they can only	· ·
☐ Please identify if you are i	nedically or First Aid trained
Transportation: Will you do If yes, how many passengers of	
Please indicate what time you **Please note that we will not have a list of drivers available	be arranging the rides, but we will
Snack Contributions: Option	al
Are you willing to bring baked For those with allergies please Free'	d goods? Y/N e mark, 'Contains Nuts' or 'Gluten
Or buy some fruit across the li	ne? Y/N
☐ There will be a free will offe Women's mission project Hands Transition Home. If you can brin please let us know.	
G	line is October 6th 2019 ct 6th - Substitutions only.
For Office Use Only: ☐ Cash ☐ Cheque ☐ Baking/Snack ☐ Fruit	□ Debit □ Craft
Total Amount Paid: \$	Room Assignment:
Date Received:	□ Confirmation slip

Cedar Springs Medical Information Required:

Name:	
Room(Registrar to fill this in) Medical condition if any: If you have any medical condition the registrar should be aware of, please list them. Please also bring along a current list of medications with you in case of emergency. Travel insurance is	

