



### Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ (is this a cell phone? ☐YES ☐NO)

### Requests & Preferences:

I would like to room with \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Needed Accommodations: \_\_\_\_\_

### Transportation:

☐ I can drive and have \_\_\_\_\_ open seats in my vehicle.

☐ I am planning to ride up with \_\_\_\_\_.

☐ Please help me find a ride.

### Emergency Information:

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Information:** \$225 per person; \$100 nonrefundable deposit due with your registration. Make checks payable to CPC with "Women's Retreat" in the memo line or pay online at <https://www.carmichaelpres.org/give/>

☐ Deposit included/paid online.

☐ Full payment included/paid online.

☐ I am including an additional donation of \$\_\_\_\_\_ to fund retreat scholarships.

### Registration and Payment due August 15

Office use: Deposit Paid \$\_\_\_\_\_ Check #/Cash/Card\_\_\_\_\_ Date\_\_\_\_\_

Balance Paid \$\_\_\_\_\_ Check #/Cash/Card\_\_\_\_\_ Date\_\_\_\_\_