

**THE GOD WHO SEES**

**REGISTRATION FORM**

Last Name:		First Name:	
Are you a... <input type="checkbox"/> Night Owl	Are you willing to be a table leader?	Roommate Request for Double Occupancy (Name):	
<input type="checkbox"/> Early Bird <input type="checkbox"/> Neither	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe		
Street address:	Home phone no.:	Cell phone no.:	
City:	(   )	(   )	
State:	T-Shirt size:	Allergies/Food Requirements:	
Zip:	I need Childcare: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many children and ages?	
Email Address:	Church affiliation if any:	May we use your picture in promotional material? <input type="checkbox"/> Yes     <input type="checkbox"/> No	

Registration will not be complete until we receive this form and complete payment. If paying by check, please: 1) make check payable to Trinity United Methodist Church, 2) memo Women's Retreat 2022, and 3) mail to Women's Retreat % TUMC 703 West Patrick Street Frederick, Maryland 21701

You will receive registration confirmation via email, along with a what to bring list, a general schedule and other informational tidbits.

Cancellation Policy: Your cost minus \$75 will be refunded if cancellation is received via email at [heatherthrockmorton@trinityfrederick.org](mailto:heatherthrockmorton@trinityfrederick.org) by October 1, 2022.

Retreat Package Options:

<input type="checkbox"/> <b>\$65 SATURDAY ONLY</b> - includes all meals and activities	<input type="checkbox"/> <b>\$160 Overnight DOUBLE</b> - includes all meals, double occupancy lodging, and all activities	<input type="checkbox"/> <b>\$230 Overnight SINGLE</b> - limited availability...includes all meals, single occupancy lodging, and all activities	<input type="checkbox"/> <b>ADDITIONAL MEALS NEEDED FOR CHILDREN - We will contact you with specifics</b>
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Need scholarship opportunity information? Contact us regarding these at [heatherthrockmorton@trinityfrederick.org](mailto:heatherthrockmorton@trinityfrederick.org)

**IN CASE OF EMERGENCY**

Name of local friend or relative:	Relationship:	Home phone no.:	Cell phone no.:
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