

Returning to Our First Love Women's Retreat

March 4-6, 2010

Registration Form

First Name

Last Name

Address

Primary Contact
Number

Email Address

Emergency Contact

Emergency Contact Number

Room Occupancy Type*
(circle one)

Single

Double

Triple

*Registrant's cost will depend on single, double or triple occupancy hotel room. Attendees without a roommate by Jan. 24, 2010 will be charged at the single occupancy room rate.

Applicant's Church Affiliation

Roommate #1*

Contact Number

Roommate #2 (if applicable)*

Contact Number

It is recommended that rooming arrangements be made prior to registration. CCC is not responsible for making rooming arrangements.

How did you hear about the retreat?

NOTES: This form must be accompanied by a non-refundable deposit. The deposit is non-transferrable after Sept. 2nd. Tier I Early-bird Registration (Apr. 26-Jul. 5) must be accompanied by a minimum \$50 deposit. Tier II Registration (July 6-Sept. 1) must be accompanied by a minimum \$100 deposit. Tier III Registration (after Sept. 2) must be accompanied by a minimum \$200 deposit. Any deposit made will go towards the balance. All balances must be paid in full by Jan. 24, 2010.

*I understand that if I do not have a roommate by Jan. 24, 2010, I am liable for the room at the **single occupancy rate**. I further understand that if my roommate does not make the required deposit, or pay in full by Jan. 24, 2010, I am also liable for the room at the **single occupancy rate**. (Initial _____)*

I have read and understood all the registration requirements and the commitment I am making. I have also received and read a cost sheet.

Signature

Date

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Credit Card Payments

Name: _____

Billing Address: _____

City, State, Zip code: _____

Card type: _____ Mastercard or _____ Visa (only)

Card number: _____

Expiration date: _____

3 digit security number on back of card: _____

Signature: _____