## THE GOD WHO SEES

## **REGISTRATION FORM**

Last Name: First Name;											
Are you willing Are you a □Night Owl			ı willing to	o be a table leader?			Roommate Request for Double Occupancy (Name):				
□Early Bird	□Neither	□Yes	□No	☐ Maybe	pe						
Street address:					Home phone no.:		Cell phone no.:				
City:				( )		( )					
State:				T-Shirt size:		Allergies/Food Requirements:					
Zip:					I need Childcare: ☐ Yes ☐ No		If yes, how many children and ages?				
Email Address:					Church affiliation if any:		May we use your picture in promotional material?				
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 by October 1, 2022.											
. Retreat Package Options:											
□ \$65 SATURDAY ONLY - includes all meals and activities □ \$160 Overnight includes all meals, occupancy lodging activities			l meals, dou	ible limited availabilityincl		udes ancy	☐ ADDITIONAL MEALS NEEDED FOR CHILDRE We will contact you with specifics				

Need scholarship opportunity information? Contact us regarding these at heatherthrockmorton@trinityfrederick.org

IN CASE OF EMERGENCY									
Name of local friend or relative:	Relationship:	Home phone no.:	Cell phone no.:						
		( )	( )						