

REGISTRATION APPLICATION

Please complete a separate form fully for each registrant.

 Last Name (*Please Print*) First Name (*For Name Tag*) Initial

 Street Address, Route, Box or Apt. #

 City State/Province Zip Country

 Area Code & Telephone Number E-mail (permission to publish Y or N)

LODGING - PROGRAMMING (U.S. Dollars)

ADULT REGISTRATION includes: housing in a double occupancy room with shared bath, all lectures, workshops, participation in all activities, and meals.

<u>RATES</u>	<u>Regular</u>	<u>Early Bird*</u>	<u>Amount</u>
Adult	\$595	\$575	\$ _____
Program Only (5 days, meals)	\$425	\$425	\$ _____
Daily Program (includes meals)	\$130	\$130	\$ _____
Lecture Only	\$ 15	\$ 15	\$ _____

*All prices are **higher** at the door*

**Early Bird registration must be paid in full before May 15, 2016*

EXTRA COST OPTIONS (Subject to Availability) *Private rooms on second and third floor only. Private baths not available.*

	<u>ADD</u>	<u>ADD</u>	
Gillette Townhouse	\$110	\$110	\$ _____
Sat. Night Dinner, Lodging, Breakfast	\$100	\$100	\$ _____
Private Room (<i>Limited Availability</i>)	\$ 80	\$ 80	\$ _____
Late Registration Fee after July 2, 2016	\$ 20	\$ 20	\$ _____

Subtract \$10 if registered for the entire week & you provide your own towels & twin sheets \$ _____

All material fees (if noted in class description) will be paid in class to presenter

TOTAL AMOUNT DUE \$ _____

Credit Card # _____

Expires _____ CVV# _____

Your Signature: _____ Date: _____

DEPOSIT with Application (add \$80 for private room)...\$100

2nd PAYMENT due May 22 \$100

3rd PAYMENT due June 26 Balance Due

AMOUNT ENCLOSED \$ _____

Make check or money order payable to: **THE GREAT LAKES RETREAT**

Please Read and Sign

I agree to abide by the Rules and Policies set forth by Olivet College and The Great Lakes Retreat Committee.

Signature _____ Date _____

Cut Along Dotted Line and Return This Form

REGISTRATION APPLICATION

Register for one morning and one afternoon weeklong Workshop,
OR for daily Single Sessions.

WORKSHOPS

	#	A.M. Workshop Leader	#	P.M. Workshop Leader
1st Choice	_____ / _____	_____ / _____	_____ / _____	_____ / _____
2nd Choice	_____ / _____	_____ / _____	_____ / _____	_____ / _____

SINGLE SESSIONS

Single Sessions run concurrently with the workshops.

	#	A.M. Workshop Leader	#	P.M. Workshop Leader
Sunday			_____ / _____	
Monday	_____ / _____		_____ / _____	
Tuesday	_____ / _____		_____ / _____	
Wednesday	_____ / _____		_____ / _____	
Thursday	_____ / _____		_____ / _____	
Friday	_____ / _____		_____ / _____	

MISCELLANEOUS

Requested Roommate: _____

If no specific roommate is requested, you will be assigned a roommate of the same gender, similar age, and smoking preference.

Your Name: _____

Gender: _____ Female _____ Male

Age: _____ Under 18 _____ 18-25 _____ 26-35
 _____ 36-50 _____ 51-65 _____ Over 65

Smoking: _____ Smoker _____ Non-Smoker

_____ **If possible**, for health reasons, I need a first floor room (*Limited Availability*)

Private Rooms are not available on the first floor

Health Reason: _____

Please indicate:

_____ This is my first Great Lakes Retreat (*We're glad you're coming!*)

_____ I volunteer to help where needed

_____ I will donate time in the Healing Center

_____ I would like to participate in the Variety Show

Meal Preference: _____ Vegetarian _____ Gluten Free _____ Other

Incentive Program

I was referred by: _____

Please send a copy of this brochure to the following person(optional):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MAIL PAGES 19 & 20 TO: Krisitina Ehlenfeldt
1405 Spencer St NE, Grand Rapids, MI 49505



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