

REGISTRATION APPLICATION

Please fully complete a separate form 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 Address and Email published Y or N

LODGING - PROGRAMMING (U.S. Dollars)

Registration includes housing in a dorm room with 4 private, locking, bed-rooms, which includes 2 full bathrooms, full kitchen, and living room, all lectures, workshops, meals, and participation in all activities.

<u>Rates</u>	<u>Regular</u>	<u>Amount</u>
Full Program (4 days meals and lodging)	\$750	\$ _____
Program Only (4 days and meals)	\$570	\$ _____
Daily Program (includes meals)	\$165	\$ _____
1/2 Day	\$ 83	\$ _____
Lecture Only	\$ 25	\$ _____
Sunday Lodging (includes dinner and breakfast)	\$ 100	\$ _____
Late Registration Fee after May 5, 2024	\$ 25	\$ _____

All supply 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 \$100
 2nd PAYMENT due April 18 \$200
 3rd PAYMENT due May 16 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 Glen Oaks Community College and The Great Lakes Retreat Committee once I arrive at Centreville.

Signature _____ Date _____



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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
Monday			_____ / _____	
Tuesday	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Wednesday	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Thursday	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Friday	_____ / _____	_____ / _____		

MISCELLANEOUS

Suitemate you know is attending: _____

Suitemate you know is attending: _____

Suitemate you know is attending: _____

Meals: Standard _____ Vegetarian _____

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

Gender: _____ Female _____ Male

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

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

Health Reason: _____

Please indicate:

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

_____ I will volunteer to help where needed

_____ I will donate time in the Healing Service

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MAIL PAGES 15 & 16 TO: *Dani Ehlenfeldt*

PO Box 2054, Grand Rapids, MI 49501-2054



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