

REGISTRATION APPLICATION



Cut Along Dotted Line and Return This Form

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 Email Address

Address and Email published to other retreatant to use Y or N

LODGING - PROGRAMMING (U.S. Dollars)

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

| Rates | Regular | Amount |
|--|----------------|---------------|
| 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 3pm Arrival (includes dinner & breakfast) | \$ 100 | \$ _____ |
| Late Registration Fee after May 4, 2026 | \$ 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 _____



REGISTRATION APPLICATION

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

WORKSHOPS

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

SINGLE SESSIONS

Single Sessions run concurrently with the workshops.

| | A.M. Workshop | | P.M. Workshop | |
|-----------|---------------|--------|---------------|--------|
| | # | Leader | # | 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: _____

Ist Floor Priority over Suitemate Y or N

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: *The Great Lakes Retreat*

PO Box 2054, Grand Rapids, MI 49501-2054



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