

# Celebrating ME on my Journey

## Back to Basics

April 24<sup>th</sup> – April 26<sup>th</sup>

St. Francis of the Woods, Portiuncula (The Port)

9263 West St. Francis Road Frankfort, IL 60423

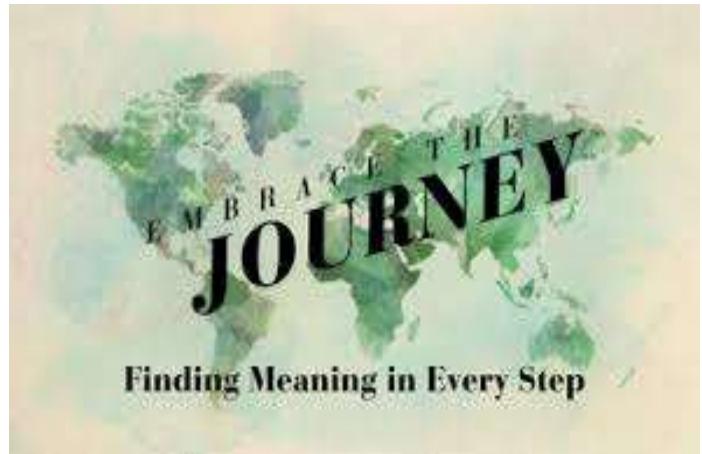
Fri, April 24th

Sun, April 26th

Check-In 6:30pm

Check out 12:00noon

Breakfast Served Sat-Sun 8:00 AM



Please Join us for our Spring Round-Up

**DEADLINE for REGISTRATION: Tuesday, April 11th**

**Please make checks payable to Tamara Kuklinski.**

15703 S. Sunset Ridge Court, #2S

**Phone:** 708-717-4069

Orland Park, IL 60462

**E-Mail:** [kuklinskitamara@yahoo.com](mailto:kuklinskitamara@yahoo.com)

Send payment with bottom portion of this form to Tamara no later than April 11th

**Alternate Contact:** Mary Lee 708-528-1012

**Name:**

**Address:**

**Phone:**

**E-mail:**

**Emergency Contact/Name & Phone:**

**Roommate Request:**

**Special Room Needs Request:**

**Booking Choices:**

**Overnight Stays.** Friday thru Sunday  Single \$198  Double \$178

Friday & Saturday  Single \$118  Double \$108

Saturday & Sunday  Single \$128  Double \$118

**Commuter.**  Friday thru Sunday \$133  Friday & Saturday Only \$96

Friday Only \$35  Saturday Only \$75  Sunday Only \$45

Confirmation sent via email or include a stamped, self-addressed envelope with your payment.

**Meals Included Saturday and Sunday (No dinner Friday)**

**Bring a Snack to Share**

**Special Food Requirements, please add \$3 Per Meal:**

Total: \$ \_\_\_\_\_

Breakfast Saturday  Lunch Saturday  Dinner Saturday  Breakfast Sunday

Vegan  Diabetic  Gluten Free  Other \_\_\_\_\_

**Total Cost: Room \$ \_\_\_\_\_ + Special Food \$ \_\_\_\_\_ = Total Due \$ \_\_\_\_\_**

Your signature confirms: My participation in the weekend is voluntary & I will hold harmless the committee members, St Francis of the Woods, Portiuncula Center from all liability & damage to personal belongings or that of a 3<sup>rd</sup> party, resulting from my participation in this event. In addition, I acknowledge that I will be responsible to pay any fine for breaking of the facility rules & agree to pay for damages I cause due to my actions or negligence.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_