Pecometh Spring 2027: Retreat Registration Form

Thursday, April 8 — Sunday, April 11

Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Land Line: _____

Email: _____

Emergency Contact:

Name: _____

Relationship: _____

Contact's Phone Number(s): Land Line: _____

Cell: _____

Rooming & Dietary Information (3 nights & 8 meals):

Circle one option: *Single—$545* *Double—$368*

Roommate Request, if applicable: _____

Circle preferred room location: *Lower floor* *Second floor* *Either* floor

Note any dietary restrictions: _____

_____

Contact Marilyn Whalen with any questions.

Medications Sheet—For Emergency Use Only

- Please list any medications you currently use and any special instructions you would want passed on to a doctor if you experienced an emergency while at retreat.
- Print the list and put it in an envelope with your name on the front.
- Plan to place the envelope under your sewing machine at retreat.
- In the event of an emergency, I will call your emergency contact person, and I will pull the envelope and send it along with you in an ambulance.
- Save the envelope. Update its contents as needed and use at your next retreat.

Thanks

Marilyn

Medications:

_____

_____

_____

_____

_____

Other Info:

_____

_____

_____

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