Cut on Dotted line, Fill out and include **Full Amount.**Make checks payable to **Christian Women's Retreat.**\*\*\*\$8 late fee if postmarked after September 25th\*\*\* **Mail to:** Sylvia Ahn, 1150 Renown Drive, Tracy, CA 95376 Phone:209.836.2299

Name				
Address				
City		State	Zip	
Contact Phone	Churc	h you attend		
E-mail address				
Check your choice of weekend: Oct. 3-5	Oct. 10-12			
Could you attend the other weekend if your choice is fu	ıll? Yes	No		
Check your choice of accommodations (if you choose M	leadow Inn, give seco	nd choice)		
Meadow Inn \$235 Cabin \$175 Dorm	n \$175 RV \$150	PRICES ARE PER P	PERSON	
Roommate's Name	Iı	need to be on ground	floor Yes	☐ No
Emergency Contact & Phone Number  I'm a first time attendee.				
A \$8 late fee will be charged for all registratio	n forms postmark	ed after Septembe	r 25th.	