Mail Form + payment to:

**Printed Name:** 

rm + payment to: S400 Merrell Ln.
The Colony, TX 75056

Retreat Attendee and Individual Registration Form

Coordinator Name: Kim Address: 5400 Merre City/State/Zip The Colon Phone: 972-467-3 Email: Proctork @ =	11 Lane.	Sunset Retreat: Mailing Address: 9541 State Hwy 101 Sunset, TX 76270 info@sunsetretreat.com	Physical Address: 410 Echo Rd. Sunset, TX 76270 940-845-2090
Retreat Name and Dates:	risco Guil Guild	ouly of the	<u>19</u> . 3, 202
Name:			-
Address:			-
City:	State: Zip Code:		_
Dhana	Email:		
		_	
Do you have any dietary restriction	ns or allergies?		
Do you require ADA accommodation	n? Y / N		
Roommate Request: 1.	2.		<u> </u>
3	4.	5	
Please indicate the day/date that	you will be arriving & departing:		
		and the second of the second	1 2 T
	be taken for social media purpo		
•	ouch with you by email. We will no ay to contact you? Y/N	ot snare or sell this information.	
,			
We take your safety and the securioss/theft, or damage anytime duri harmless Sunset Retreat from any	ing the retreat. Your attendance o	onstitutes your agreement to ir	
Check-in is 10am / Check out of room	m at noon and out of building at 2	pm, subject to change.	
I agree that I have read, understar	nd, and will abide by the Sunset	Retreat Policies.	
Signature:		Date:	
			47