

## **Waterville Valley Retreat Form**

Location: Valley Inn, Waterville Valley, NH  
3 p.m. Sunday, October 26th to Wednesday, October 29th

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS (to receive additional info) \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER:

\_\_\_\_\_

COST PER PERSON: DOUBLE: \$400.00 SINGLE: \$565.00

ROOMMATE NAME: \_\_\_\_\_

\*\*Single supplement price will apply if you do not indicate a roommate.

FOOD ALLERGIES: \_\_\_\_\_

Allergies will be noted; however, you need to be vigilant.

PERSONAL OR BANK CHECKS MADE OUT & SENT TO PAM BY: 9/1/25

PAMELA TURNER  
10 Wildwood Road  
Spofford, NH 03462

**QUESTIONS/ CONCERNS: CALL PAM 978-505-7476**