

FAITH AND SHARING 2012

March 2-4, 2012

Retreat Application Form

IMPORTANT! Everyone must fill out this form. THANK YOU.

Name: _____

Street: _____

Town: _____ State: _____ Zip Code: _____

Phone Number: _____

Emergency Contact Name: _____

Relationship to participant _____

Phone Number: _____

IMPORTANT: PLEASE PROVIDE EMERGENCY CONTACT INFORMATION

E-Mail Address: _____

Special Requests/Considerations:(Do you need a ride? Special Diet? Help getting around at the retreat?)

Medications I take medication on my own ____

With supervision ____ Need to have someone dispense them ____

Please choose what days you plan to attend:

____ Whole retreat(Friday-Sunday) which costs \$160

____ Saturday all day and overnight into Sunday including meals on Sunday which costs \$115

____ Just Saturday, including lunch and dinner which costs \$60

We need your **downpayment of \$30 by November 15th** for our deposit to Stella.

You may make the two additional partial payments or one full payment .

Partial Payment Schedule:

Downpayment November 15, 2011 \$30

December 15, 2011 \$65

February 1, 2012 \$65

I need a partial scholarship ____yes I am able to pay \$ _____ I need a full scholarship ____yes

Please make check out to FAITH AND SHARING RETREAT. Send check and this form to:

Sue Martin, 30 Lorelee Drive, Tonawanda, NY 14150

(716) 694-0296

**ALL OF YOUR PAYMENTS MUST BE RECEIVED BY FEBRUARY 1, 2012
TO BE SURE THAT A ROOM IS RESERVED FOR YOU.**