

Women's East Regional Spring Retreat Registration Form

Seeking Purpose in Your Life

Seneca Lake Baptist Assembly, May 16-17, 2008

DEADLINE: Registration forms and a \$30.00 deposit must be mailed postmarked on or before **April 28, 2008**. Please collect the balance due from each participant from your church prior to coming to the retreat and send only one person through the registration line. Non-SBC affiliated groups will be charged an additional fee of \$12.00 per person.

ACCOMMODATIONS: Please indicate your choice of cabins or lodges. All prices listed below are per person and include the \$30.00 deposit. (Deposit covers program fee and meals.) No provision is made for childcare at Seneca Lake Baptist Assembly. If you are the mother of a nursing baby, please call Women's Missions and Ministries at 614-827-1814 to make special arrangements (no babies in cabin/dorms, please).

CABINS (\$35/person) can hold groups of 16 people. They include bunk beds and have a common restroom and shower area. (Please remember to bring your own bed linens and towels)

EVERGREEN (\$37/person) is the newest building on the facility and contains rooms that sleep 8 and rooms that sleep 16. The rooms have bunk beds and common restroom and shower areas. (Please remember to bring your own bed linens and towels.)

LODGES (Pricing Varies) Lodge rooms are arranged hotel-style with two double beds and 1 full-sized sofa. Bed linens and towels are provided.

LAKESIDE/BUCKEYE

1 person/room..... \$63/person
2 people/room..... \$58/person
3 people/room..... \$53/person
4 or more/room..... \$48/person

ASH/BEECH

1 person/room..... \$58/person
2 people/room..... \$53/person
3 people/room..... \$48/person
4 people/room..... \$43/person

Please indicate first and second choices. Lodge rooms are granted on a first-come, first-served basis. If your lodging selections have already been filled, you will be assigned housing that is available. The receipt will indicate housing assignments.

___ Lakeside Lodge

___ Buckeye Lodge

___ Ash/Beech Lodge

___ Handicap accessibility is needed. Please explain: _____

REGISTRATION PRICING:

In order for requests to be processed, a deposit fee of \$30.00 per person must accompany registration. The balance due will be reflected on your return receipt and depends on your choice of lodging. After May 2, this deposit amount is non-refundable; however it can be transferred to a substitute person for this event.

Total Number of Participants _____ x \$30.00/Person Deposit = Deposit Amount Due: _____

IF STAYING IN LODGE: Number of Rooms Requested _____ Number of People/Room _____

Please make checks payable to: **State Convention of Baptists in Ohio (S.C.B.O.)** and mail with completed form to:
Women's Missions and Ministries - State Convention of Baptists in Ohio - 1680 East Broad Street - Columbus, OH 43203

CONTACT INFORMATION:

Church Name _____ Phone _____

Street Address _____

City/State/Zip _____

Pastor's Name _____ Association _____

Contact Person _____ Phone _____ Email _____

Please indicate the name and phone number of a family member of one of the women participating as an emergency contact who may be reached after the group has departed for the event.

Emergency Contact _____ Phone _____