

# 2010 Women's Retreat Registration Form

Registration Dates: March 6 - 28, 2010

Bring this completed form and payment to the retreat registration table located in the main lobby or mail to Inland Hills Church/Women's Retreat, 14670 Ramona Ave., Chino, CA, 91710.

*(Cancellation policy: Sorry, no refunds after April 2, 2010.)*

Ms/Miss/Mrs: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (zip)

Phone: \_\_\_\_\_  
(day) (evening) (cell)

Please check one:

- \_\_\_\_\_ **Double Occupancy** \$240 per person  
2 people - 1 King or 2 Double Beds
- \_\_\_\_\_ **Triple Occupancy** \$215 per person  
3 people - 2 Double Beds
- \_\_\_\_\_ **Quad Occupancy** \$195 per person  
4 people - 2 Double Beds

Please list roommate(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please assign me a roommate

Your age range 18-25 26-35 36-50 51+

**Cost includes:** *All general sessions, speaker, entertainment, Saturday and Sunday breakfasts, Saturday night dinner, two nights' lodging and all taxes.*

T-Shirt Size: (Additional \$10) S M L XL 2XL 3XL

Saturday Evening Dinner (please choose one entree)

- \_\_\_\_\_ Breast of Chicken with Wild Mushroom Demi-Glace
- \_\_\_\_\_ Filet of Salmon with Lemon Tomato Caper Sauce
- \_\_\_\_\_ Fresh Vegetable Ravioli

Special physical/medical needs or requests: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a:  Regular Attender of IHC  Guest of: \_\_\_\_\_

Are you in a small group?  No  Yes If yes, small group leader's name \_\_\_\_\_

Scholarship Information:

\_\_\_\_\_ I am requesting a partial scholarship (*please complete scholarship application - quad occupancy only*)

\_\_\_\_\_ I wish to contribute to the Sandi Onfer Retreat Scholarship fund! Amount enclosed \$ \_\_\_\_\_

\_\_\_\_\_ I would like to help sponsor: \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_

*(name/phone number)*

I am willing to help:

- \_\_\_\_\_ Registration Team
- \_\_\_\_\_ Prayer Team
- \_\_\_\_\_ Greeting/Hospitality Team
- \_\_\_\_\_ Pillow Favors/Name Tag Team
- \_\_\_\_\_ Where Needed

Office Use Only

Registration	_____	Check #	_____
T-Shirt	_____	Check Amt.	_____
Scholarship	_____	Cash Amt.	_____
Total	_____	Other	_____