

**ANNUAL WOMENSPIRIT RETREAT REGISTRATION**

September 17-19, 2010

Sacramento Methodist Assembly, East of Cloudcroft, NM

Name \_\_\_\_\_

Address \_\_\_\_\_

(Home phone) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (email) \_\_\_\_\_

If you **DO NOT** want all or part of your contact information to be included in this year's participant list, please specify which information to omit: \_\_\_\_\_

Scholarships based on need are available: (Registration must be submitted by August 1<sup>st</sup>, 2010 for consideration.) Half scholarships considered first. Full scholarships considered based on fund availability. Scholarship applicant: yes \_\_\_\_\_ no \_\_\_\_\_ Half \_\_\_\_\_ Full \_\_\_\_\_ Want to donate to the Scholarship Fund? See below!

Interested in saving money by bringing your RV for accommodations instead? Contact LeeAnn Meadows at 575-525-1625 for pricing.

Retreat Base Rate \$135.00	\$135.00
<b>Optional Additional Charges:</b>	
Friday Night Dinner \$9.00	\$
Forrest Lodge Upgrade \$16.00	\$
Donation to Scholarship Fund	\$
Subtotal	\$
EARLY BIRD DISCOUNT – <b>PAY IN FULL</b> postmarked on or before August 15 <sup>th</sup> and deduct \$10.00 from your subtotal! <b>Total Paid Today:</b>	\$
REGULAR REGISTRATION - Submit <b>50% of your subtotal</b> as a deposit postmarked on or before August 15 <sup>th</sup> . The remaining balance is due by September 1 <sup>st</sup> . <b>Total Paid today:</b>	\$

Mail your check (**payable to UU WomenSpirit**) and registration to Cindy Hill, 5243 Cochise Trl., Las Cruces, NM 88012. Phone 575-680-2680.

Refund policy: Refund of fifty percent of the retreat cost will be made if request is received prior to Sept. 1, 2010; after Sept. 1 refunds will be made on a case-by-case basis based on personal emergency.

Would you like to carpool? \_\_\_\_\_ Would you be willing to drive your car? \_\_\_\_\_

What time do you plan to arrive at the camp? \_\_\_\_\_

Early to bed (quiet wing) \_\_\_\_\_ **OR** Late to bed \_\_\_\_\_

Do you have special housing needs? \_\_\_\_\_ dietary needs? \_\_\_\_\_

Roommate preference \_\_\_\_\_

Handicap Accessible room \_\_\_\_\_ Shuttle service needed on-site \_\_\_\_\_

PARTICIPANT AGREEMENT: MEDICAL RELEASE (Signing this agreement is a condition for participation in the Retreat) I understand that I will be attending the annual UU WomenSpirit retreat and hold harmless all other participants/leaders of any responsibility for my well-being or accidents to myself during the Retreat, or in my travel to and from the Retreat. I understand this retreat is no substitute for therapy or counseling. I further agree to abide by all regulations/requirements while at the Sacramento Methodist Assembly (including no alcohol, no pets, no illegal substances, fireworks or fire arms; camping and fires allowed only in approved areas; smoking in designated areas only). In case of emergency, I give permission for the following person(s) to be contacted:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, I would like to disclose the following medical condition(s) and my physician's name and phone number:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_