

Retreat Registration

November 12-14, 2024

Lake Huron Retreat Center

Name: _____

Address: _____

Cell phone number: _____

Emergency contact:

Special health conditions/allergies:

Rooms must be assigned prior to the retreat and names & spaces will be sent to the venue. As a result I need an idea who you might like to sleep with. I will try to honor all such requests but please know that you'll spend more time in the sewing space than you will sleeping and, to the best of my knowledge, no one bites.

I would prefer

_____ it doesn't really matter. Use your best judgement (cost depends on # per room)

_____ a double with _____ (\$202 includes 2 nights, 6 meals)

_____ a triple with _____ and _____
(\$180 includes 2 nights, 6 meals)

_____ keep me in mind if a single room becomes available
(\$252 includes 2 nights, 6 meals)

Payment in full is due on or **before Thursday, October 24th**. Checks should be payable to GPMC. Partial scholarships are available. Please contact Carol Marks directly at 882-5330 for more information.