Cut Along Dotted Line and Return This Form

REGISTRATION APPLICATION

Please fully complete a separate	form for each	registrant.
Last Name (Please Print) First Name (For No	ame Tag)	Initial
Street Address, Route, Box or Apt.#		
City State/Province	Zip	Country
Area Code & Telephone Number E-mail (pe	ermission to publis	h Y or N)
LODGING - PROGRAMMING (U.S. D	ollars)	
Registration includes housing in a dorm roor rooms, which includes 2 full bathrooms, full lectures, workshops, meals, and participation	n with 4 private kitchen, and living in all activities.	, locking, bed- g room, all
Rates Full Program (4 days meals and lodging)	Regular \$750	<u>Amount</u> \$
Program Only (4 days and meals)	\$570	\$
Daily Program (includes meals)	\$165	\$
I/2 Day	\$ 83	\$
Lecutre Only	\$ 25	\$
Sunday Lodging	\$ 50	\$
Late Registration Fee after May 3, 2024	\$ 25	\$
All supply fees (if noted in class description)	will be paid in cl	ass to presenter
TOTAL AM	OUNT DUE	\$
Credit Card #		
Expires	CVV#	
Your Signature:	Date:	
DEPOSIT with Application	\$200	ce Due
Make check or money order payable to: T H	IE GREAT LAI	KES RETREAT
Please Read a	nd Sign	
I agree to abide by the Rules and Policies se College and The Great Lakes Retreat Con	et forth by South	



REGISTRATION APPLICATION

Register for one morning and one afternoon weeklong Workshop, OR for daily Single Sessions. WORKSHOPS			
A.M. Workshop	P.M. Workshop		
# Leader	# Leader		
Ist Choice/_			
2nd Choice/			
SINGLE SESSIONS			
Single Sessions run concurrently with the worksh	•		
A.M. Workshop # Leader	P.M. Workshop # Leader		
Monday			
Tuesday/			
Wednesday/	/		
Thursday/			
Friday/			
MISCELLANEOUS Friends you know are Attending: Friends you know are Attending: Friends you know are Attending: If no specific roommate is requested, you will be assigned a roommate of the same gender, similar age, and smoking preference you mark below. Gender: Female Male Age: Under 18 18-25 26-35 36-50 51-65 Over 65			
If possible, for health reasons, I need a first floor room (Limited Availability)			
Health Reason:			
Please indicate: This is my first Great Lakes Retreat (We're glad you're coming! Thank You.) I will volunteer to help where needed I will donate time in the Healing Service			
Please send a copy of this brochure to the following person (optional): Name:			
Address:			
City: State: Zip:			

MAIL PAGES 15 & 16 TO: Dani Ehlenfeldt
PO Box 2054, Grand Rapids, MI 49501-2054

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