



**2017 LWML CNH RETREAT**  
**Silver Spur Christian Retreat Center, Tuolumne, CA**  
**August 25-27, 2017**

# REGISTRATION FORM (Please Complete All Items and Print Clearly)

ZONE #: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE / ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CITY: \_\_\_\_\_

**REGISTRATION FEES:** (Make a check mark to the left of your item; add up costs for check amount)

- postmarked by 08/16/17 \$175.00 \$ \_\_\_\_\_ (rooms, meals, linens)
- postmarked after 08/16/17 \$200.00 \$ \_\_\_\_\_ (rooms, meals, linens)
- One-Day Only (Saturday) \$50.00 \$ \_\_\_\_\_ (lunch/dinner)

TOTAL REMITTANCE \$ \_\_\_\_\_

Make checks payable to: **LWML CNH** \**No refunds after August 23, 2017*

Mail Registration Form with check to: **Linda Bradley - LWML**  
**c/o Bethany Lutheran Church**  
**1095 Cloud Avenue**  
**Menlo Park, CA 94025**

Your cancelled check is your confirmation.

Questions? Call Linda at 650 704 6472 or email at [lindab@bethany-mp.org](mailto:lindab@bethany-mp.org) OR  
LaVada Terrell at 408 893 3367 or at [lavada1451@outlook.com](mailto:lavada1451@outlook.com)

Registration Form continues on 2<sup>nd</sup> page

NAME: \_\_\_\_\_

*Check all that apply to you:*

- \_\_\_\_\_ **First Time attending a LWML CNH Retreat?**
- \_\_\_\_\_ **Young Women Representation (YWR) 18-35 years**
- \_\_\_\_\_ **Vegetarian** \_\_\_\_\_ **Vegan** \_\_\_\_\_ **Gluten Free** \_\_\_\_\_ **Diabetic**
- \_\_\_\_\_ **Food Allergies:** \_\_\_\_\_

\_\_\_\_\_ **Use a Walker?**    \_\_\_\_\_ **Cane?**    \_\_\_\_\_ **Wheelchair?**

\_\_\_\_\_ **Nurse** – willing to serve as needed

**Age Group:**    \_\_\_\_\_ 18-35    \_\_\_\_\_ 36-50    \_\_\_\_\_ 51-70    \_\_\_\_\_ 71+

**Roommates:** (3 sets of bunkbeds in each room--3-6 persons in room) - check with roomies first and tell them to put similar names on their forms:

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### **FRIDAY AFTERNOON ACTIVITIES (1-5pm) – *Come Early & Play!***

(we must reserve the activity, time, & staff members) Check if you wish to participate:

- \_\_\_\_\_ **Archery**
- \_\_\_\_\_ **Giant Swing**
- \_\_\_\_\_ **Waterslide**
- \_\_\_\_\_ **Zipline**
- \_\_\_\_\_ **Swimming Pool**

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### **MEDICAL/HEALTH INFORMATION**

Insurance/HMO/PPO/Medicare: \_\_\_\_\_

Policy# \_\_\_\_\_

Health Conditions (i.e. allergies, chronic conditions, special circumstances, medications – would need to know prior to emergency treatment)

\_\_\_\_\_

Physician's Name/Phone# \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: Name/Phone#/Relationship**

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