

REGISTRATION APPLICATION

Please fully complete a separate form for each registrant.

 Last Name (*Please Print*) First Name (*For Name Tag*) Initial

 Street Address, Route, Box or Apt. #

 City State/Province Zip Country

 Area Code & Telephone Number E-mail (permission to publish Y or N)

LODGING - PROGRAMMING (U.S. Dollars)

ADULT REGISTRATION includes: housing in a double occupancy room with shared bath, all lectures, workshops, participation in all activities, and meals.

<u>RATES</u>	<u>Regular</u>	<u>Amount</u>
Adult	\$625	\$ _____
Program Only (5 days, meals)	\$475	\$ _____
Daily Program (includes meals)	\$140	\$ _____
Lecture Only	\$ 20	\$ _____

All prices are higher at the door

EXTRA COST OPTIONS (Subject to Availability) ***Private rooms on second and third floor only. Private baths not available.***

	<u>ADD</u>	
Gillette Townhouse	\$110	\$ _____
Sat. Night Dinner, Lodging, Breakfast	\$120	\$ _____
Private Room (<i>Limited Availability</i>)	\$100	\$ _____
Late Registration Fee after July 1, 2019	\$ 20	\$ _____

All material fees (if noted in class description) will be paid in class to presenter

TOTAL AMOUNT DUE \$ _____

Credit Card # _____

Expires _____ CVV# _____

Your Signature: _____ Date: _____

DEPOSIT with Application (add \$100 for private room)...\$100

2nd PAYMENT due May 20 \$100

3rd PAYMENT due June 24 Balance Due

AMOUNT ENCLOSED \$ _____

Make check or money order payable to: **THE GREAT LAKES RETREAT**

Please Read and Sign

I agree to abide by the Rules and Policies set forth by Olivet College and The Great Lakes Retreat Committee.

Signature _____ Date _____



Cut Along Dotted Line and Return This Form



REGISTRATION APPLICATION

Register for one morning and one afternoon weeklong Workshop,
OR for daily Single Sessions.

WORKSHOPS

	A.M. Workshop # Leader		P.M. Workshop # Leader
1st Choice	_____ / _____	_____ / _____	_____ / _____
2nd Choice	_____ / _____	_____ / _____	_____ / _____

SINGLE SESSIONS

Single Sessions run concurrently with the workshops.

	A.M. Workshop # Leader		P.M. Workshop # Leader
Sunday	_____ / _____	_____ / _____	_____ / _____
Monday	_____ / _____	_____ / _____	_____ / _____
Tuesday	_____ / _____	_____ / _____	_____ / _____
Wednesday	_____ / _____	_____ / _____	_____ / _____
Thursday	_____ / _____	_____ / _____	_____ / _____
Friday	_____ / _____	_____ / _____	_____ / _____

MISCELLANEOUS

Requested Roommate: _____

If no specific roommate is requested, you will be assigned a roommate of the same gender, similar age, and smoking preference.

Your Name: _____

Gender: _____ Female _____ Male

Age: _____ Under 18 _____ 18-25 _____ 26-35

_____ 36-50 _____ 51-65 _____ Over 65

Smoking: _____ Smoker _____ Non-Smoker

_____ **If possible**, for health reasons, I need a first floor room (*Limited Availability*)

Private Rooms are not available on the first floor

Health Reason: _____

Please indicate:

_____ This is my first Great Lakes Retreat (*We're glad you're coming!*)

_____ I will volunteer to help where needed

_____ I will donate time in the Healing Center

_____ I would like to participate in the Variety Show

Meal Preference: _____ Vegetarian _____ Gluten Free _____ Other

Please send a copy of this brochure to the following person (optional):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MAIL PAGES 19 & 20 TO: *Dani Ehlenfeldt*

PO Box 2054, Grand Rapids, MI 49501-2054



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