

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
Monday			_____	/ _____
Tuesday	_____	/ _____	_____	/ _____
Wednesday	_____	/ _____	_____	/ _____
Thursday	_____	/ _____	_____	/ _____
Friday	_____	/ _____		

MISCELLANEOUS

Friends you know are Attending: _____

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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



Cut Along Dotted Line and Return This Form

