

# PRAYER: Conversations with God

## CCNC-N WOMEN'S FALL RETREAT

September 21–23, 2018

Please Complete and Return Both Sides of Form (one person per form)

Registration Deadline is September 7, 2018.

(\$50 deposit is non-refundable. No refund after Sept. 7, 2018. Final payment due Sept. 14, 2018.)

Online Registration is Preferred: <http://www.ccn.cn.org/WomensFallRetreat>

For questions or special needs contact LaDonna Harris at [lharris@ccn.cn.org](mailto:lharris@ccn.cn.org) or (510) 225-5910.

Full Name: \_\_\_\_\_

Prefer contact by e-mail? \_\_\_Yes \_\_\_No •  I wish to receive Women's Ministries events emails

Address: \_\_\_\_\_

Street

City/State/Zip

Preferred Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

If this registration is for a child or a youth, please write their age at the time of the retreat here: \_\_\_\_\_

### **Roommate(s) Preference:**

Name \_\_\_\_\_ # of expected roommates \_\_\_\_\_

Are any of your roommates children? \_\_\_Yes \_\_\_No • If so, what are their ages? \_\_\_\_\_

Are you physically able to use a top bunk? \_\_\_Yes \_\_\_No (Unchecked response will be a "Yes")

### **Special Needs:**

\_\_\_ Ground Floor housing

(Ground floor rooms are limited and need to be given to those who need them most. Please contact LaDonna Harris at [lharris@ccn.cn.org](mailto:lharris@ccn.cn.org) or at (510) 225-5910 to reserve one.)

\_\_\_ Vegetarian meals     \_\_\_ Gluten-free Meals (Inform server in Mission Springs dining hall)

\_\_\_ Other \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone: \_\_\_\_\_

**LIMITED ANGEL SCHOLARSHIP GRANTS AVAILABLE - Be sure to fill out the separate application form with registration and get in your application form by August 24 for full consideration.**

**RETREAT COSTS - Please circle your choice** (For full description of rooms visit [www.missionsprings.com](http://www.missionsprings.com))

**2 NIGHTS/6 meals (Fri D-Sat B/L/D-Sun B/L)**

	<b>Adult</b>	<b>Young Adult (18-30)</b>	<b>Youth (12-17)</b>	<b>Child (4-11)</b>
REDWOOD (two queen beds in a room, private bath)	272	235	200	135
LAUREL (4 twin beds in a room, stairs or ramp to get to upper floors, private bath)	260	215	205	125
SEQUOIA (small building with only 3 rooms, 2 bunk beds in a room, shared bath)	203	160	150	100
OAK & HEMLOCK (2 bunk beds in a room, shared bath, some distance out from the worship center)	193	150	140	90

COMMUTER - No housing, 6 meals (Fri D-Sat B/L/D-Sun B/L) 160  
 SATURDAY ONLY - 2 meals (L/D) 99  
 SATURDAY ONLY - 3 meals (B/L/D) 110  
 ADDITIONAL THURSDAY NIGHT - no meals 60  
 (including clergy women attending clergy retreat)

**\$25 DISCOUNT FOR (check one):**  **FIRST-TIMER**  **SEMINARIAN**

**All registrations must include minimum of \$50 deposit (non-refundable) or full payment.**

(Refund Policy: Through September 7, less \$50 deposit. No refund after September 7, 2018)

Retreat Cost: \$ \_\_\_\_\_

Less First-Timer, Young Adult, or Seminarian Discount: \$ \_\_\_\_\_

Less requested Angel Fund grant, if awarded: \$ \_\_\_\_\_

**I am applying to be a steward.** (Steward applicants, pay only the \$50 deposit at this time, and we will calculate your balance if you are selected.)

Plus Optional Donation to the Angel Fund: \$ \_\_\_\_\_

Less Deposit or payment enclosed: \$ \_\_\_\_\_

Balance Due by 9/14/18: \$ \_\_\_\_\_

For credit cards, please include the full address and the CVV code on back

**Check One Payment Method Only Please:**

Check  Credit Card (VISA or MasterCard only)  Church Check (list all names!) \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_ Charge Amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**SEND FORM WITH PAYMENT MADE OUT TO:**

**CCNC-N, Attn: Fall Retreat, 9260 ALCOSTA BLVD, SUITE C-22, SAN RAMON, CA 94583**

**Fax: (925) 556-9904 email: [katy@ccncn.org](mailto:katy@ccncn.org)**

**To give credit card payment by phone: (925) 556-9900**