

MID-ATLANTIC REGIONAL LADIES' RETREAT
Registration Form
RETREAT DATE: APRIL 27TH-29TH, 2018
VENUE: RADISSON PISCATAWAY, NEW JERSEY

Name: _____ Church: _____

Address: _____

City _____ State _____ Zip Code: _____

Contact Phone Number: _____ Cell Home

Email: _____

Please check if you are a Pastor Pastor's Wife Licensed Minister

Please specify your room requirements

- Single Occupancy: 1 person per room.
- Double Occupancy: 2 persons per room (I understand there may be only one bed.)
- Triple: 3 or 4 persons per room.

(Please enclosed \$50 to secure your place)

ROOMMATES:

1. _____
2. _____
3. _____
4. _____

Cost: PER PERSON

Triples or Quads: 3 or 4 in Room	Double: 2 persons in a Room	Single : 1 in a Room
\$190 (triple)	\$225 (double)	\$275 (Single)
Cutoff date: April 6th, 2018	Cutoff date is: April 6th, 2018	Cutoff date: April 6th, 2018

Amount enclosed: \$ _____ (Payable to Church of God of Prophecy)

Mail to: Ladies Retreat, COGOP, 150 Woodland Road, Newark 19702, Delaware

Email: floreth.clarke@verizon.net

NOTE WELL: Cut-off date will be enforced April 6th