WOMEN'S FALL RETREAT

September 22-24, 2017 Black Lake Bible Camp – Olympia,WA

Registration Form

Cost: \$90 Please make checks payable to Faith Fellowship Church (Full and Partial Scholarships are available)

Please PRINT clearly!			
Date:	☐ Paid in Full	☐ Partial Payment Amount	(No refunds after 9/8/17)
Payment Method:	☐ Check #	_ □ Cash □ Credit Card (Secure Give)	☐ Payment Plan ☐ Scholarship
Name:			
Mailing Address:			
City:	Zip:	Home Phone:	
Cell Phone:		Email:	
Allergies/Diet			
Please list any known allergi	es:		
Do you need a special diet? Please select one (options may not be combined):			
☐ Gluten Free ☐ Dair	ry/Lactose Free	☐ Soy Free ☐ Vegetarian/Vegan	
Sleeping Arrangements (We will do our best to accommodate your request.)			
Are you willing and able to sleep in an upper bunk, if necessary?□ Yes □ No			
Do you snore?□Yes □No Are you a light sleeper?□Yes □No			
Do you have a roommate(s) preference? List name(s):			
Emergency Contact (N	lust be local)		
Name:	Relationship:		
Street Address:		City:	
Phone:	Alternate Phone:		
Do you have any special nee	ds we should kno	ow about or can assist with? If so, pleas	se list: