

**FLPC Advent Retreat Nov 30 – Dec. 2, 2018
Registration**

(please fill out front and back)

Names of adults: _____

Names of children: _____ age* _____
_____ age* _____
_____ age* _____

*at time of retreat

Email address: _____
Street address: _____

A deposit of \$100 per room is required for confirmation. Please place completed form with deposit in the designated Retreat box in the Connecting Point. Rooms are reserved in order of receipt of deposit. Deposits are non-refundable for cancellations after September 10, 2018. All balances must be paid in full by November 21, 2018.

The retreat planning committee would love your help!!
Please let us know if you can help us with:

Registration _____ Hospitality/Food _____ Worship _____ Music _____
Children's Activities _____ Youth Activities _____

Room options and prices at Assembly Inn

- Rooms with private bath- \$175 for two nights
- Rooms with Connecting baths- \$140 (each) for two nights

***Air mattresses are available upon request. Limit of one air mattress per room.*

Connecting rooms or two rooms with a connecting bath have one king or queen bed and two twin beds.

If you are interested in contributing to the Retreat Scholarship Fund, please contact Murphy Peele, FLPC Business Manager.

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Room Choices and Fees:

Please rank your preference for beds.

- Private bath with 2 singles
- Private bath with a queen or king
- Connecting rooms with private baths in each (deposit required for each room)
- Connecting rooms with one shared bath (deposit required for each room)

Please note that these are requests, not guarantees. We will try to grant each request in order of when the forms and deposits are received.

Dining will automatically be added based on number of people per room. Prices include breakfast for Saturday and Sunday and dinner Saturday night and are:

Adult: \$31 Children age 5-11: \$15 Children under age 5: free

Cost Calculations (Balance To Be Paid by November November 21, 2018):

of rooms X **room rate (See front page for room rate)** = _____ (Room cost)

of people > 11 yoa X \$31 = _____ (Food cost)

of children 5-11 yoa X \$15 = _____ (Food cost)

Total # of people X \$ 2 = _____ (Community fee)

Total # of people X \$ 5 = _____ (Optional Friday night pizza dinner)

Total due = _____

Office use: **Total Due:** _____

Deposit : _____ Received on: ____/____ Ck# _____ Cash _____

Payment : _____ Received on: ____/____ Ck# _____ Cash _____

Payment : _____ Received on: ____/____ Ck# _____ Cash _____

Payment : _____ Received on: ____/____ Ck# _____ Cash _____

Balance _____

Balance Paid: _____