

Registration

NAME (as you would like it on your name tag):

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Check if this is a new address

Check if you have any food allergies and list them: _____

Circle your top 3 breakout choices: **1** **2** **3** **4** **5**

Choose 1 alternate breakout: **1** **2** **3** **4** **5**

I wish to attend the Optional Afternoon Bible Study

Registration Fee

Early Bird (by January 20, 2020): \$165.00 Student (by February 3, 2020): \$125.00

Regular (by February 3, 2020): \$175.00 Late (by February 10, 2020): \$185.00

**Registration Deadline: February 10, 2020

Wearables



FRONT



BACK



FRONT



BACK

Short Sleeve Shirts (\$15.00) 3/4 Sleeve Shirts (\$15.00)

Short Sleeve Shirt **S** **M** **L** **XL** **XXL** **XXXL** **\$** _____

3/4 Sleeve Shirt **S** **M** **L** **XL** **XXL** **XXXL** **\$** _____

Optional Retreat Scholarship Fund **\$** _____ Total **\$** _____

Checks payable to: **Sisters In Christ**

Mail to: **Lori Hensler 7620 W Freeland Rd., Freeland, MI 48623**

List of Roommates

Maximum 4 per room

Room Captain _____ Roommate #2 _____

Roommate #3 _____ Roommate #4 _____

Any nursing infants? Yes Do you need ASL interpreting? Yes

Do you use a wheelchair or walker? Yes Do you have difficulty hearing? Yes