

REGISTRATION FORM

Women of Home Church Fall Retreat

September 24-26, 2021

Higgins Lodge, Laurel Ridge Conference Center

Name _____

Address _____

City/State/Zip _____

Phone: _____ (Home); _____ (Cell)

Email: _____

Please share my email with the retreat leader so that I may receive any pre-retreat communication/materials. ☐ Yes ☐ No

Emergency Contact: _____

Total Cost: \$160 Double Occupancy/\$260 Single Occupancy

Cost includes:

- 2 nights lodging (includes linens)
- 5 meals (Friday night through Sunday Breakfast)
- Retreat Leadership

Roommate preference: _____

Special Accommodation Needs: _____

Dietary Restrictions: _____

Amount Enclosed: \$ _____

\$50 Non-refundable deposit required at registration. (Balance may be paid in full now, in part or at check-in.) Make checks payable to: Home Church Women's Fellowship and indicate Women's Retreat on the memo line.

Scholarship Information:

_____ I would like to request scholarship aid for the retreat.

Registration form and signed Laurel Ridge Waiver may be mailed to the church office:
529 S. Church Street, Winston-Salem, NC 27101 to the attention of Katrina Bodford,
Women's Retreat Registration.