

REGISTRATION FORM

Name: _____

 Address: _____
 Postal Code: _____
 Telephone: _____
 email: _____
 Congregation: _____
 Chaplains Workshop? Yes _____ No _____
 Preferred Roommate: _____
 Vegetarian Meals? Yes _____ No _____
 Special Needs: _____
 Friday Pizza - 6pm? Yes _____ No _____
 Do you need a ride? _____

Please check one choice below

Full Weekend includes 2 nights, 6 meals

Before Dec. 18/11	\$210	each	<input type="checkbox"/>
After Dec.18/11	\$230	each	<input type="checkbox"/>

Per person, based on double occupancy.

N.B - no single occupancy available.

Saturday only

	<u>Before Dec. 18/11</u>		<u>After Dec.18/11</u>
Saturday Program, Lunch & Supper	\$80 <input style="width: 100px;" type="text"/>		\$90 <input style="width: 50px;" type="text"/>
Saturday Program & Lunch	\$60 <input style="width: 100px;" type="text"/>		\$70 <input style="width: 50px;" type="text"/>

Total amount of Cheque: \$ _____

Make Payable to: MIDWINTER RETREAT

Mail to: Susan McLeod, Registrar
 80 Front St. East, #622
 Phone: 416-368-4014

TORONTO, ON
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