

Last Name: _____

Refresh Retreat & Family Camp July 29 – August 3, 2018 Registration Form

Last Name						Home Church				
Street Address			City			Stat	State Z		Zip Code	
	imber For each person are is \$10 per person		olease provide a	name an	d select t	he appr	opriate a	age/grade	e catego	
First Time? / Here!	First Name	La Na		Adult	Infant – 18months	18 mo – 3 yrs	Pre K & Kindergarten	Grade 1 - 6 indicate which	Grades 7-8	Grades 9-12
①Total # I	pecial As a wel People: elect Lodging Prefer	x \$10 = \$		If more	lines are	needed	d, pleas	e list on	a separ	ate page
	ot per bed as in pas									
	Dormitory Room (2 Twin Beds) \$20.00 per night		Apartment/Flat (4 Twin Beds) \$40.00 per night				Townhouse (8 Twin Beds) \$80.00 per night			
☐ Sun	·	: \$	\$40 x		111 010		30 x			
☐ Mon	Multiply number of rooms needed by \$20 \$20 x = \$ Multiply number of rooms needed by \$20		\$40 x = \$ Multiply number of flats needed by \$40		\$8	Multiply number of T-houses needed by \$80 \$80 x = \$ Multiply number of T-houses needed by \$80				
□Tues \$20 x = \$		s \$	\$40 x = \$ Multiply number of flats needed by \$40			\$8	\$80 x = \$ _ Multiply number of T-houses needed by \$80			
☐ Wed \$20 x = \$:\$	\$40 x = \$			\$8	\$80 x = \$ Multiply number of T-houses needed by \$80			
Multiply number of rooms needed by \$20 Thurs \$20 x = \$		\$40 x	40 x = \$ \$			\$80 x = \$ Multiply number of T-houses needed by \$80				
② Total: \$				otal: \$						

Home Church:_____

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3. Meals:

Pricing is subject to change for registrations after July 2^{nd} and at the door. Unused meal tickets are non-refundable except in an emergency situation.

Childre	n 0-4 are free	Sun	Mon	Tues	Wed	Thurs	Fri	Total Meals	x Cost	Total
Sample	Child Age 5-11	1	1	1	1	1	1	6	\$ 3.00	18.00
	Adult Age 12 & up	2	2	2	2	2	2	12	\$ 4.00	48.00
Breakfast	Child Age 5-11								\$ 3.00	
Brea	Adult Age 12&up								\$ 4.00	
Lunch	Child Age 5-11								\$ 4.00	
Lur	Adult Age 12&up								\$ 6.00	
Dinner	Child Age 5-11								\$ 6.00	
Din	Adult Age 12&up								\$ 8.00	
							3 то	tal Meal An	nt Due:	

Additional Comments/Requests:						

Totals

① Registration	\$
② Lodging	\$
3 Meal Amt Due	\$

Subtotal of 1,2 &3:	\$
Amount Enclosed:	\$
Amount Due Upon Arrival:	\$

☐ Please check here if you are currently serving as a WNY District Pastor.

Registration Questions? Contact
Katie Rose at (716) 471-3452
Email:
admin@refreshathoughton.com
More detailed information can be
found on our website:

www.refreshathoughton.com

Mail Registration Form To:

Refresh Retreat PO BOX 142 Barker, NY 14012

Or complete your registration completely online at our website!

Please make checks payable to "WNY District of the Wesleyan Church"

Registration must be postmarked by July 2, 2018

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