



LWML CNH RETREAT

August 23-25, 2019

Registration – Friday 4 pm; Checkout – Sunday 11:30 am
 Episcopal Conference Center Oakhurst (ECCO)
 43803 Highway 41, Oakhurst, CA 93644
 559 683 8152

REGISTRATION FORM

(Please print clearly and complete all items on both pages.)

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

E-MAIL _____ ZONE _____

CELL PHONE _____ HOME PHONE _____

CHURCH/CITY _____

REGISTRATION FEES *Per Person* (Make a check mark to the left of the item; add up costs for your check amount.)

<input type="checkbox"/> Single Room by 7/8/19	\$290.00	\$ _____	(bed, 5 meals, linens)
<input type="checkbox"/> Single Room AFTER 7/8/19	\$315.00	\$ _____	(bed, 5 meals, linens)
<input type="checkbox"/> Double Room (2 beds) by 7/8/19	\$205.00	\$ _____	(bed, 5 meals, linens)
<input type="checkbox"/> Double Room (2 beds) AFTER 7/8/19	\$230.00	\$ _____	(bed, 5 meals, linens)
<input type="checkbox"/> 3-4 in Room (twin beds) by 7/8/19	\$175.00	\$ _____	(bed, 5 meals, linens)
<input type="checkbox"/> 3-4 in Room (twin beds) AFTER 7/8/19	\$200.00	\$ _____	(bed, 5 meals, linens)
<input type="checkbox"/> One Day Only (Saturday 8:30am check-in)	\$100.00	\$ _____	(3 meals)

TOTAL REMITTANCE \$ _____

****NO REGISTRATIONS OR REFUNDS AFTER AUGUST 2, 2019 – PER ECCO POLICIES****

Make checks payable to **LWML CNH** – your canceled check is your confirmation.

Mail Registration Form with check to: Vicki Ewart
 PO Box 1855
 Atascadero, CA 93423

Questions?
 Call Vicki Ewart at 805 441 0860 or email at ewarts@mac.com
 OR LaVada Terrell at 408 893 3367 or email at lavada1451@outlook.com

Registration continues on 2nd page.

NAME: _____

Check all that apply to you:

_____ First Time attending a LWML CNH Retreat?

_____ Vegetarian _____ Vegan _____ Gluten Free _____ Diabetic

_____ Food Allergies: _____

_____ I use a Walker _____ Cane _____ Wheelchair

_____ Nurse – I'm willing to serve as needed.

Age Group: _____ 18-35 _____ 36-50 _____ 51-70 _____ 71+

Roommates: *Write down your preferred roommate(s). Check with them and tell them to put the same name(s) on their forms; all rooms/beds will be filled; will try to accommodate your wishes; however, no guarantees; first come - first served; REGISTER EARLY!!*

MEDICAL/HEALTH INFORMATION

Insurance Name/Type: HMO/PPO/Medicare: _____

Policy# _____

Health Conditions (i.e. allergies, chronic conditions, special circumstances, medications) – need to know prior to emergency treatment.

Physician Name/Phone# _____

EMERGENCY CONTACT INFORMATION: Name/Phone#/Relationship
