

Fall Women's Retreat Registration

Individual Registration fill in top part only. Group Registration fill in all participant information.
 Group size & first come-first serve information is considered when assigning housing.



Church Name: _____
 Primary Contact: _____ E-mail _____
 Mailing Address: _____ Ph. # _____
 City: _____ Zip _____

- \$39.00/person Day ONLY
- \$89.00/person Friday night to Saturday Supper*
- \$89.00/person Saturday morning to Sunday Morning*
- \$119.00/person Friday night to Sunday Morning*

Send with \$25 non-refundable deposit/person to:
 Mt. Cross Ministries
 P.O. Box 387
 Felton, CA 95018

GROUP REGISTRATION: Please completely fill in information for each participant

As the primary contact for the group I will assure that sufficiently take care of special medical needs and, if necessary, will be the primary transportation for any medical treatment.

Primary Contact Signature _____ Date _____

Participant Name Mailing Address City, Zip email	List any Special Needs (i.e., dietary, physical, etc.)	Participant Signature
1. _____ _____ _____		
2. _____ _____ _____		
3. _____ _____ _____		
4. _____ _____ _____		

Please copy this form and attach for additional names from same group

Publicity Release

The above understand that by their signature in the right hand column they give permission for any images, likenesses, or quotes taken over the course of the weekend event may be used for Mt. Cross publicity purposes including but not limited to newsletters, brochures, website, and videos.

Primary Contact Signature _____ Date _____