



Restoration Anglican Church
 Fall Retreat
 Massanetta Springs VA
 October 22-23-24, 2010

For committee use only		
Reg. #		Date:
Ck. No.	Amt.	Date:

Please register the following people (Name Tags for Adults will be made from names as listed below):

LAST NAME	FIRST NAME	RELATIONSHIP ¹	GENDER	AGE ²	SCHOOL GRADE (FALL 2010)	HOUSING CODE ³	REQUEST Shared room with 1) Single, 2) Couple or 3) Family last name

NOTES

- For friends rooming together, submit separate registration forms in one envelope, noting the name of your roommate on your form (See #4 below).
 Each room has 2 twin beds and shares a bathroom with another room. "Family suite" means you take both rooms connected by the bath (i.e., 4 beds with possibility of an additional 2 cots or cribs; max occupancy = 6 people)
- A completed "Authorization for Medical Treatment" is required for anyone under age 18 attending without parent/guardian.
- Housing Codes –Single to Share (SS), Couple sharing room, (C), Couple plus one child (C+1), FS = Family Suite (both rooms)
- "I request to share a room with _____ Please indicate single, couple or another 3 person family.
 (Roommate's name (s): _____)

GENERAL INFORMATION

Mailing Address: _____
 Phone: _____ (Home) _____ (Cell) e-mail address: _____
 Church Affiliation RAC Other: _____

I HAVE SPECIAL NEEDS

Housing (i.e. Handicapped) _____
 I need transportation. Time I can leave: _____ (We will contact you)
 I need scholarship help. (Indicate scholarship amount requested below. Scholarship requests are confidential.)
 Other: _____

I CAN HELP WITH:

- Hospitality Logistics Children's Program Prayer
 Publicity Registration Facilitate a Small Group Transportation

Housing Request	Cost Early Bird until 8/15 (Total for two nights)	Cost after 8/15 (Total for two nights)
Each room has two twin beds – toilet, sink, shower in between two rooms		
Two Twins (Single to share (SS), Couple (C) or Couple with one child (C+1))	\$56.00 per single person \$112 per couple	\$69.00 per single person \$138.00 per couple

Family Suite (FS) (Two rooms with 4 twin beds – Max occupancy: 6 people)	\$220 for family	\$276 for family
Extra Cot	\$24	\$30
Extra Crib (limited # avail), please bring port-a-crib if possible	\$24	\$30

Meals	Cost for 5 meals (BLD Sat, BL Sun)
Age 0-2	Free
Age 3-5	\$24.00
Age 6-12	\$31.00
Age 13- 99	\$48.00

Retreat Fee	Cost
Age 0-2	Free
Age 3-5	Free
Age 6-12	\$5.00
Age 13-99	\$10.00

Category	Total Cost
Room Cost – (including Cots or Cribs as appropriate)	+
Total Food Cost	+
Tax on above only (5%)	+
Sub Total	=
Retreat Fee Per Person	+
Donation to Retreat Scholarship Fund	+
Scholarship Requested	-
TOTAL DUE	=
Submit postdated check for October 1	

PAYMENT INSTRUCTIONS

Make your check for meals and the retreat fee payable to "Restoration Church, ". Mail form(s) and check to: 2010 Restoration Fall Retreat Registration, C/O Becky Keller, RAC PO Box 7604, Arlington VA 22207 Questions? Contact Mary Vinson at 703-534-3432, mvinson@himonline.org or Becky Keller at 703-508-4974, becky@restorationarlington.org

If you are downloading the form online, please mail your check with form to Restoration at the Post Office Box as noted above.