



For committee use only

Reg. #

Date:

Ck. No.

Amt.

Date:

Restoration Anglican Church
 Fall Retreat
 Massanetta Springs VA
 October 21-23, 2011

Please register the following people:

LAST NAME	FIRST NAME	RELATIONSHIP ¹	GENDER	AGE ²	SCHOOL GRADE (FALL 2010)	HOUSING CODE ³	REQUEST Shared room with (Name of roommate)

Each room has two twin beds and a sink and shares a bathroom (toilet, shower) with another room. "Family suite" means you have both rooms connected by a bath (four beds with possibility of an additional two cots or cribs; max occupancy = six people).

NOTES

1. For friends rooming together, submit separate registration forms in one envelope, noting the name of your roommate.
2. A completed "Authorization for Medical Treatment" is required for anyone under age 18 attending without parent/guardian.
3. Housing Codes –Single to Share (SS), Couple sharing room (C), Couple plus one child (C+1) , Family Suite (FS - both rooms).

GENERAL INFORMATION

Address: _____

Phone: _____(Home) _____(Cell)

Email address: _____

Church Affiliation: Restoration Other: _____

I HAVE SPECIAL NEEDS

Housing (i.e. Handicapped) _____

I need transportation. Time I can leave: _____(We will contact you)

I need scholarship help. Amount requested: \$_____ (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 8/21 (Total for two nights)	Cost after 8/21 (Total for two nights)
Two Twins (One Room)	\$57 per single person \$114 per couple	\$70 per single person \$140 per couple
Family Suite (Two rooms with four twin beds – Max occupancy: six people)	\$225 for family	\$280 for family
Extra Cot	\$15	\$18
Extra Crib (limited # avail., please bring port-a-crib if possible)	\$15	\$18

Meals	Cost for 5 meals (BLD Sat, BL Sun)
Age 0-2	Free
Age 3-5	\$26
Age 6-12	\$33
Age 13-99	\$50

Retreat Fee	Cost
Age 0-2	Free
Age 3-5	Free
Age 6-12	\$5
Age 13-99	\$10

	Total Cost
1 Room Cost (including Cots or Cribs)	+
2 Total Food Cost	+
Tax on above - 5% (Add lines 1 and 2, then multiply by .05)	+
Sub Total	=
Retreat Fee Per Person	+
Donation to Retreat Scholarship Fund	+
Scholarship Requested	-
TOTAL DUE	=
Submit postdated check for October 1	

PAYMENT INSTRUCTIONS

Make checks payable to: Restoration Anglican Church.

Mail form and check to:

2011 Restoration Fall Retreat Registration
C/O Becky Keller
1815 N Quincy St
Arlington, VA 22207

Questions? Contact:

Mary Ann Calhoun: 202.957.0244, maculu2@aol.com
or Becky Keller: 703.508.4974, becky@restorationarlington.org