

REGISTRATION APPLICATION

Please complete a separate form for each registrant.

 Last Name (*Please Print*) First Name (*For Name Tag*) Initial

 Street Address, Route, Box or Apt. #

 City State/Province Zip Country

 Area Code & Telephone Number E-mail

LODGING - PROGRAMMING (U.S. Dollars)

ADULT REGISTRATION includes: housing in an air conditioned, double occupancy room with shared bath, all lectures, workshops, participation in all activities, and meals.

<u>RATES</u>	<u>Regular</u>	<u>Early Bird*</u>	<u>Amount</u>
Adult	\$540	\$520	\$ _____
Program Only (5 days, meals)	\$350	\$350	\$ _____
Daily Program (includes meals)	\$100	\$100	\$ _____
Lecture Only	\$ 15	\$ 15	\$ _____

All prices are higher at the door

***Early Bird registration must be paid in full before April 14, 2011**

EXTRA COST OPTIONS (Subject to Availability) *Private rooms on second and third floor only. Private baths not available.*

	<u>ADD</u>	<u>ADD</u>	
Private Room (<i>Limited Availability</i>)	\$ 70	\$ 70	\$ _____
Sat. Night Dinner, Lodging, Breakfast	\$ 55	\$ 55	\$ _____
Late Registration Fee after July 8, 2011	\$ 20	\$ 20	\$ _____

TOTAL AMOUNT DUE \$ _____

Visa Card # _____ Expires _____

Master Card # _____ Expires _____

Your Signature: _____ Date: _____

DEPOSIT with Application (add \$70 for private room).... \$100

2nd PAYMENT due May 20 \$100

3rd PAYMENT due June 24 Balance Due

AMOUNT ENCLOSED \$ _____

Make check or money order payable to: **THE GREAT LAKES RETREAT**

Please Read and Sign

I agree to abide by the Rules and Policies set forth by Olivet College and The Great Lakes Retreat Committee.

Signature _____ Date _____

REGISTRATION APPLICATION

Register for one morning and one afternoon weeklong Workshop,
OR for daily Single Sessions.

WORKSHOPS

	A.M. Workshop #	Leader	P.M. Workshop #	Leader
1st Choice	_____ / _____	_____ / _____	_____ / _____	_____ / _____
2nd Choice	_____ / _____	_____ / _____	_____ / _____	_____ / _____

SINGLE SESSIONS

Single Sessions run concurrently with the workshops.

	A.M. Workshop #	Leader	P.M. Workshop #	Leader
Sunday			_____ / _____	
Monday	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Tuesday	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Wednesday	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Thursday	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Friday	_____ / _____	_____ / _____	_____ / _____	_____ / _____

MISCELLANEOUS

Requested Roommate: _____

If no specific roommate is requested, you will be assigned a roommate of the same gender, similar age, and smoking preference.

Your Name: _____

Gender: _____ Female _____ Male

Age: _____ Under 18 _____ 18-25 _____ 26-35

_____ 36-50 _____ 51-65 _____ Over 65

Smoking: _____ Smoker _____ Non-Smoker

_____ **If possible**, for health reasons, I need a first floor room. *(Limited Availability)*

Health Reason: _____

Please indicate:

_____ This is my first Great Lakes Retreat. *(We're glad you're coming!)*

_____ I volunteer to help where needed.

_____ I will donate time in the Healing Center.

_____ I would like to participate in the Variety Show.

_____ I would like to sing with the choir.

Meal Preference: _____ Vegetarian _____ Standard

Incentive Program

I was referred by: _____

Please send a copy of this brochure to the following person(optional):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MAIL PAGES 15 & 16 TO: *Joelene Von Koenig*
4699 Ridge Rd., Stevensville, MI 49127