

# REGISTRATION APPLICATION

**Please complete a separate form fully 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 (permission to publish Y or N )

## **LODGING - PROGRAMMING** (U.S. Dollars)

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

<b><u>RATES</u></b>	<b><u>Regular</u></b>	<b><u>Early Bird*</u></b>	<b><u>Amount</u></b>
Adult	\$595	\$575	\$ _____
Program Only (5 days, meals)	\$425	\$425	\$ _____
Daily Program (includes meals)	\$130	\$130	\$ _____
Lecture Only	\$ 15	\$ 15	\$ _____

*All prices are **higher** at the door*

*\*Early Bird registration must be paid in full before May 14, 2017*

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

	<b><u>ADD</u></b>	<b><u>ADD</u></b>	
Gillette Townhouse	\$110	\$110	\$ _____
Sat. Night Dinner, Lodging, Breakfast	\$120	\$120	\$ _____
Private Room ( <i>Limited Availability</i> )	\$100	\$100	\$ _____
Late Registration Fee after July 1, 2017	\$ 20	\$ 20	\$ _____

Subtract \$10 if registered for the entire week & you provide your own towels & twin sheets      \$ \_\_\_\_\_

All material fees (if noted in class description) will be paid in class to presenter

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expires \_\_\_\_\_ CVV# \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

2nd PAYMENT due May 21 ..... \$100

3rd PAYMENT due June 25 ..... 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 \_\_\_\_\_



**Cut Along Dotted Line and Return This Form**



# REGISTRATION APPLICATION

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

## WORKSHOPS

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

## SINGLE SESSIONS

Single Sessions run concurrently with the workshops.

	A.M. Workshop		P.M. Workshop	
	#	Leader	#	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*)

**Private Rooms are not available on the first floor**

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

Meal Preference: \_\_\_\_\_ Vegetarian \_\_\_\_\_ Gluten Free \_\_\_\_\_ Other

### 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 19 & 20 TO: *Bev Boerman*

*PO Box 2054, Grand Rapids, MI 49501-2054*

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