



Girl Time Getaway 2010

Friday, October 1st to Sunday, October 3rd

General Information:

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

E-Mail address: _____

Emergency Contact: _____

Phone #: _____ Cell Phone #: _____

Health conditions, medications or allergies we need to be aware of:

Preferences:

I'm a guest of _____ and prefer to room with her.

Do you prefer an early to bed/quiet room? Yes ___ No ___

Would you like to be contacted about carpooling? Yes ___ No ___

Method of payment: Cost is \$150.00 - covers 2 nights, 3 Saturday meals, Sunday breakfast and goodies!

_____ check # (make payable to Grace Lutheran Church)

_____ cash

_____ payment plan (someone will contact you to make arrangements)

Payments can be made in the church office along with additional forms.

_____ If you can't make the entire retreat someone will contact you with options.

Registration begins August 15th thru September 12th

Questions? Contact Nichole Surratt 214-405-7333