



Lakeside Escape: Women's Retreat
Fruits of the Spirit
 Asbury Camp & Retreat Center
 Aug. 20 - 22, 2017

Name: _____ M/F _____

Street/City/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Church(s): _____

Room preference: (please check one) Single Multiple Commuter
 **(Please note that we will do our best to accommodate room preferences, however it is based on a first come first served basis.)(Commuter rate includes all meals and program.)

Name of room-mate(s) request: _____

Do you have any dietary requirements? (*food allergies, vegetarian, no sugar, low fat, etc*)

Do you have special needs that the staff should be aware of before you arrive?
 (*i.e. wheelchair accessibility, limited mobility, housing accommodations?*)

Costs: \$175 Multiple Occupancy, \$225 Single Occupancy, and \$90 Commuter
 (includes 2 overnights w/ linens, 6 meals, and program materials)
\$50 deposit appreciated with registration.

Total included with this registration \$ _____

Choose Method of Payment: Check Visa MasterCard
 (*Please make all checks payable to: Upper New York Annual Conference or UNYAC*)

Card # _____ - _____ - _____ - _____ Exp. Date (/) 3 Digit Security Code _____

Signature: _____

Printed Name: _____

Cardholder's Address (If different from above): _____