

St. Mark's Parish Retreat
April 20-22, 2018 at Camp Mitchell
Registration

*Please return with payment to the office no later than **Wednesday, April 11***

Name(s): _____

Children (names and ages): _____

Phone Number: _____

Email: _____

Cost

Adults: \$109 (lodging and meals)
Kids 6-11: \$86 (lodging and meals)
5 and under: \$63 (lodging only, meals free)

Room Options *Please Circle One*

Please note: All beds are single beds

Room with 2 beds and private bath

Name of Roommate: _____

Room with 4 beds and private bath

Names of Roommates: _____

Cabin with bunks and shared bath (sleeps up to 12)

Meals

Please circle any meals you will **NOT** be present for

Saturday Breakfast (8am)

 Lunch (noon)

 Dinner (6pm)

Sunday Breakfast (8am)

Dietary needs _____

Other needs _____

I would like to make an additional contribution to offset the church's retreat costs or sponsor another retreat goer in the amount of \$ _____

I would like to bring snacks or beverages to share during social time (the coordinator will contact you)