

**Annual Women's "Unfrazzle" Retreat - September 20-22, 2019
REGISTRATION FORM**

Name: _____

Home Address: _____

City: _____ State: _____ Zip _____

Cell Phone: _____ E-Mail _____

Emergency Contact Name _____ Cell _____

My Special Food Requirements/ Food Allergies:

\$100 deposit required to hold space. Balance due no later than August 12th. Payments are **non refundable** after August 12, 2019.

_____ I would like a double room \$625 Per Person

_____ I would like to room with _____

_____ Find me a room mate

_____ I would like a \$775 Private Room

_____ I will be attending retreat only – no hotel room needed - \$475 (meals + retreat)

PAYMENT WITH APPLICATION: _____ By Check Amount _____

(Checks Made to: Unity Church in the Gardens – labeled "September Retreat")

_____ By Credit Card

Name: _____

Billing Address for Credit Card: _____ same as above or new address:

City _____ St _____ Zip _____

Credit Card number _____ Exp date _____

Amount to charge _____ 3 digit code (4 for Amex) _____

_____ I give my permission to charge balance on my credit card the week of August 5, 2019

Mail check and application to: Unity Church in the Gardens, 550 Bush Road, Jupiter, FL 33458

For any questions call Rhonda Rifelli at 561-741-6515 or email Rhonda@ucitg.com

or fax the application to 561-741-6518

OFFICE USE ONLY (date, amount, payment type)	<u>App Received</u>	<u>Deposit Paid</u>	<u>Balance Paid</u>
NOTES			