

# Retreat to The Cove with CBH 2015

October 18—October 21, 2015

*\*Please note all deadlines and be sure to mark them on your calendar*



Registration and Lodging Information	RETREAT PACKAGES	
	<b>(All lodging, meals and registration fees are included in pkgs 1-4)</b>	
	1. Single Occupancy	\$555 per person
	2. Double Occupancy	\$450 per person
	3. Triple Occupancy	\$425 per person
	4. Quadruple Occupancy	\$415 per person
	5. Meals and Registration Only	\$310 per person

Registrant Information	Please print first name as you would like it to appear on your nametag			
	<b>1. First Name</b>	<b>Last Name</b>	<b>First Time Attendee</b> <input type="checkbox"/>	
	<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	<b>Daytime Phone ( )</b>	<b>(Work ___ Home ___ Cell ___) Email</b>		
	<b>Home Church</b>	<b>City</b>	<b>State</b>	
	<b>Spouses Name if registering with you:</b>			
	<b>Persons you will be rooming with not included in this registration:</b>			
	<b>(All lodging subject to availability.)</b>			

Package Information	*Deposit is fully refundable if requested in writing by July 17, 2015 and 50% refundable until September 1, 2015	# of Reg.	Price	Total
	<b>RETREAT PACKAGE #</b> <input type="text"/>		\$	\$
	Charter Bus leaving from Anderson, Indiana and Church at the Crossing, Indianapolis (\$100 round trip)		\$	\$
	<b>DEPOSIT (Minimum of \$120.00 per person)</b>		(\$- )	(\$- )
	<b>BALANCE DUE (Sept 1, 2015)</b>		\$	\$

<b>Payment Information:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Check (Make payable to Church of God Ministries)	<b>OFFICE USE ONLY</b>
Credit Card Account # _____ - _____ - _____ - _____ Expiration Date _____ mm/yy	Postmark Date _____
CID # _____ (3-digit number located at the end of the signature panel on the back of the credit card)	Deposit Date _____
Name as it appears on check or card (Please Print) _____	Ck# _____
Cardholder's Billing Address (if different than above address) _____	I _____ B _____ Ch _____
Phone # where cardholder can be reached ( ) _____	Ck date _____
E-mail _____	Amt pd _____
Signature (Required) _____	Aut# _____
	Inv# _____

Appeal Code 15CBHRC01  
Project 44.1300

