

## 2018 Women's Retreat Registration Form

To reserve your place, register online at [www.holmescamp.org/programs/womensretreat](http://www.holmescamp.org/programs/womensretreat) or return this registration form with your full fees to:

Holmes Presbyterian Camp and Conference Center  
60 Denton Lake Road, Holmes, NY 12531

Participant Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (for confirmation & Holmes promotional info): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church Name (optional): \_\_\_\_\_

	Two Nights	One Night	
Agape – Single Occupancy	\$240		
Agape – Double Occupancy	\$210	\$165 <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Agape – Triple Occupancy	\$185	\$145 <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Hayden	\$145	\$110 <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input type="checkbox"/> I require a bottom bunk
Saturday Day Retreat			\$80

I want to share a room with: \_\_\_\_\_

*Space is limited. Occupancy & Roommate Requests will be honored, on first come basis, if possible.*

Allergic to the following or special dietary needs (includes vegetarians, vegans, gluten free, etc):  
\_\_\_\_\_

Restrictions on activities (if any):  
\_\_\_\_\_

Insurance Carrier or Plan Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

**Payment Information: (Circle one)**

Check (Payable to Presbyterian Conference Association)    Visa    MasterCard    Am. Ex.    Discover

Card Number: \_\_\_\_\_ Bill my credit card \$ \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

In case of medical emergency, I hereby give permission to the physician selected by the PCA staff to hospitalize, secure treatment for and to order injections, anesthesia, x-rays or surgery for me. My insurance will cover these as the primary carrier. I am able to participate in the activities of the Women's Retreat and give permission for my picture to be used in publicity including the Holmes website and internet sites promoting or reporting on Holmes.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name* \_\_\_\_\_  
*Date*

Weekend Emergency Contact Name & Phone Number: \_\_\_\_\_