

WOMEN'S SPRING RETREAT

April 20-21, 2018

GENERAL INFORMATION:

- Registration **must be received** by our office seven (7) days prior to the start of the meeting.
- **Check** must accompany registration with full amount **payable** to: FLORIDA BAPTIST CONVENTION. Mail check with this form to: WMM/Missions Education, 6850 Belfort Oaks Pl., Jacksonville, FL 32216. For payments via VISA/MC call our office.
- **Conference Location address:** Lake Yale Baptist Conference Center, 39034 CR 452, Leesburg, FL 34788.
- For more information call 904-596-3141.

Leader Name _____ E-mail _____
(Please print clearly, confirmations are sent via this method)

Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Alternate # (_____) _____

Church _____ City _____

- Option A -- \$170:** Total Reservations Option A: _____ 650.710
 2 nights lodging (Thursday night & Friday night -- double occupancy)
 6 meals – Thursday supper, Friday breakfast, lunch & supper, Saturday breakfast & lunch
- Option B -- \$105:** Total Reservations Option B: _____
 1 night lodging (Friday – double occupancy)
 3 meals – Friday supper, Saturday breakfast & lunch
- Option C -- \$50:** Total Reservations Option C: _____
 Commuter
 3 meals – Friday supper, Saturday breakfast & lunch

First floor room request – Please help us help you and others – first floor rooms are limited and cannot be guaranteed – check this only if you have health issues preventing the use of stairs.

Private room: Please add \$35 extra for each night per person. There is a limited number of private rooms.

Total Amount Enclosed \$ _____

ROOM 1: 1st floor

Name _____ F M

Name _____ F M

ROOM 2: 1st floor

Name _____ F M

Name _____ F M

ROOM 3: 1st floor

Name _____ F M

Name _____ F M

ROOM 4: 1st floor

Name _____ F M

Name _____ F M

ROOM 5: 1st floor

Name _____ F M

Name _____ F M

ROOM 6: 1st floor

Name _____ F M

Name _____ F M