## **2018 LADIES' RETREAT REGISTRATION**

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Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Date of Birth:	Date of Birth:
Roommate Request:	Roommate Request:
Allergies or concerns we should be aware of:	Allergies or concerns we should be aware of:
Please send a \$50 deposit with registration form to:	Please send a \$50 deposit with registration form to
Pine Brook Camp	Pine Brook Camp
210 Lakeview Road	210 Lakeview Road
Shutesbury, MA 01072	Shutesbury, MA 01072
For Credit Card Payment:	For Credit Card Payment:
Name on Card:	Name on Card:
Card #:	Card #:
Expiration Date:	Expiration Date:
Security Code:	Security Code:
Amount of payment:	Amount of payment:
	Address: