

# REGISTRATION FORM

ADULT RETREAT / SEPTEMBER 9-12, 2019  
**DUE MONDAY, SEPTEMBER 2, 2019**

Name(s) of Individual/Couple \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Home Church \_\_\_\_\_

Email \_\_\_\_\_

Any special **dietary** needs? \_\_\_\_\_

Any **accessibility** needs? \_\_\_\_\_

Please mark nights you will stay at camp:  Monday  Tuesday  Wednesday

## HOUSING

*Please indicate housing preference below. Priority for on-site housing will be given to full-week participants. (Housing preference not guaranteed.) If you have a reservation for one, we would appreciate your willingness to share with another person (separate beds available).*

- |  |   |
|--|---|
| <input type="checkbox"/> Conference Center (Bunk Beds)               | <input type="checkbox"/> Cottage - Main Level (Queen Bed, 2 Bunk Beds)  |
| <input type="checkbox"/> Cottage - Upstairs (Queen Bed, 2 Bunk Beds) | <input type="checkbox"/> Lodge (Bunk Beds)  |
| <input type="checkbox"/> RV (close to Conference Center)             | <input type="checkbox"/> RV Park <input type="checkbox"/> 30 amp <input type="checkbox"/> 50 amp Length _____ |
| <input type="checkbox"/> Other _____                                 |   |

## MEALS

*I (we) will eat the following meals:*

- |  |  |
|--|--|
| <input type="checkbox"/> Lunch Monday      | <input type="checkbox"/> Breakfast Wednesday |
| <input type="checkbox"/> Dinner Monday     | <input type="checkbox"/> Lunch Wednesday     |
| <input type="checkbox"/> Breakfast Tuesday | <input type="checkbox"/> Dinner Wednesday    |
| <input type="checkbox"/> Lunch Tuesday     | <input type="checkbox"/> Brunch Thursday     |
| <input type="checkbox"/> Dinner Tuesday    | <input type="checkbox"/> NO MEALS            |

## TRANSPORTATION

- Reserve my/our space to ride bus (\$50/person)

*Please select a loading location:*

- NNU Gym Parking Lot  Boise Tree City Church

## THANK YOU

Please **send \$25 deposit per person** to confirm you are planning to attend.

Please **include an additional \$50 per person** if you plan to ride the charter bus.

*Make checks payable to Trinity Pines Camp.*

### Mail registration form to:

Trinity Pines Camp and Conference Center  
55 SW 5th Avenue, Suite 100  
Meridian, ID 83642  
ph: 208-888-0988 fx: 208-888-4586  
cindy@amgidaho.com

## PAY BY CREDIT CARD *(Amex, MasterCard, VISA, and Discover accepted)*

Name on Card \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_