

Autumn Renewal 2015

Senior Adult Retreat

Prothro Conference and Retreat Center

Date: October 19 - 22, 2015

Lodging is assigned on a first come first served basis

Registration and Contact Information

- Male
 Female

Last Name () First Name ()

Home Phone () Work Phone ()

Cell Phone Email Address I prefer email communications

Address

City State Zip

Emergency Contact: Full Name Phone

Roommate Information

- Roommate list Spouse Assign a roommate

Where did you grow up? _____

Where were you born? _____

Special Needs

- Handicap Access Vegetarian Diabetic 1st Floor Room

Please provide your access needs:

*With other dietary needs please provide the main components of your meal (we can refrigerate for you) and supplement from our buffet Line.

Mail your registration to: FUMCR- Senior Adult Retreat
503 N Central Expy
Richardson TX 75080

Cancellation Policy

All cancellations are subject to a \$30 Cancellation fee. This fee is non-refundable and non-transferable. If your reservation is cancelled within 7 days of the event date we reserve the right to keep the full reservation amount. Prior to the 7 days your remaining balance when requested will be refunded.

Reservations

Cost includes 3 nights lodging and 8 meals beginning Monday dinner and continuing through Thursday breakfast.

Arrival Date _____ Time _____

Check in begins at 3:00 p.m.

Departure Date _____ Time _____

Check-out by 11:00 a.m.

PLEASE NOTE: Fees cannot be prorated

Occupancy & meals	\$207.00 per person	\$ _____
Programming fee	\$83.00 per person	\$ _____
Processing Fee	\$10.00 per person	\$ _____

Payment of Fees

Total

\$ _____

A Check or Credit Card must accompany your Registration Form

Method of Payment

- I am paying in full with the enclosed check
OR
 I am paying in full with the credit card information below
 Master Card Visa Discover
 I will pay in payments as follows

Monthly _____

Credit Card # _____

Exp. Date _____

V-Code
(3 digits on back
of card)

Name as it appears on card _____

Signature _____

If credit card billing address is different than address to the left

_____	For Office Use Only	
address	Check # _____	Check amount _____
City _____	State _____	Zip _____
Check Name _____		