

# Autumn Renewal 2018

**Senior Adult Retreat "Catch the Spirit"  
Prothro Conference and Retreat Center  
Date: October 15 - 17, 2018 (3 days/2 nights)  
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

Roommate Request: \_\_\_\_\_

## Special Needs

- Handicap Access  Vegetarian  Diabetic  1st Floor Rm

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- Autumn Renewal  
503 N Central Expy  
Richardson, TX 75080  
Attn: Jennifer Rawlinson

### Cancellation Policy

**Registration ends October 8th. There will be no refunds for reservations cancelled after October 8th.**

## Reservations

Cost includes 2 nights lodging and 7 meals beginning Monday lunch and continuing through Wednesday lunch.

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_

Check in begins at 10 a.m.

Departure Date \_\_\_\_\_ Time \_\_\_\_\_

Check-out by 2:00 p.m.

Cost per person      \$225

## 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 _____	