

# Autumn Renewal 2017

## Senior Adult Retreat

### Prothro Conference and Retreat Center

Date: October 16- 19, 2017

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 reperate 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

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

#### 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 _____	