

REGISTRATION FOR ST. JOHN'S SUMMER RETREAT AUGUST 6 – 10

Name: _____

Address: _____

Phone #: _____

Email: _____

Children's names:

Ages:

Tuition:

Includes meals and lodging. You can choose to tent camp at a lower rate

Full Session- Monday – Friday

	Cabins:	Tent:
Adult:	\$125.00 each	\$75.00 each
Children 3 & up	50.00 each	\$30.00 each
Family maximum:	\$350.00	\$210.00

Daily fee: \$30.00 per day/night.

Registration is due by July 15. Please include a \$25.00 deposit to hold your spot. Balance can be paid at retreat check-in. Registration is limited to the first 120 people.

___ Enclosed is a donation of \$_____ towards the Scholarship Fund.

___ I request a scholarship of \$_____. I can pay \$_____ toward the tuition.

Enclosed is my \$25.00 deposit.

What areas would you like to help in?

___ kitchen/clean-up

___ cooking

___ children's activities

___ crafts

___ music

___ nature hikes

___ swimming hole supervisor

___ first aid

___ other: _____