## **SVQG Retreat 2023 Application**

| Date Received   | Ву   |
|---|--|
| First and Last Name   |  |
| Address   |  |
| Cell Phone Number   |  |
| Email Address   |  |
| I wish to attend:   |  |
| FULL Retreat – Thursday afternoon, October 12 – Saturdand DOUBLE Lodging \$279  | day afternoon, October 14 – 6 meals (2B, 2L, 2D) |
| FULL Retreat – Thursday afternoon, October 12 – Saturdand SINGLE Lodging \$379  | day afternoon, October 14 – 6 meals (2B, 2L, 2D) |
| SHORT Retreat – Friday afternoon, October 13 – Saturda and DOUBLE LODGING \$173   | ay afternoon, October 14 – 4 meals (1B, 2L, 1D)  |
| SHORT Retreat – Friday afternoon, October 13 – Saturda and SINGLE LODGING \$223   | ay afternoon, October 14 – 4 meals (1B, 2L, 1D)  |
| <b>DAY</b> Retreat – Any Day October 12 , October 13, or Octo   | ober 14 – 2 meals (1L, 1D) \$69/day              |
| <b>FULL</b> Retreat – Thursday afternoon, October 12 – Satur Lodging \$190 (for an extra charge, you may choose to get cert microwave available.  |  |
| FULL Retreat – Thursday afternoon, October 12 – Satur SINGLE Lodging \$298 (for an extra charge, you may choose to and microwave available.   | •  |
| Roommate's Name (   | ) I want a private room                          |
| Emergency Contact Name & Phone Number:  | Relationship:                                    |
| Second Emergency Contact Name & Phone Number:   | Relationship                                     |
| Medical Information EMS needs to be made aware of:  |  |
| Medication or Food Allergies:   |  |
| DEPOSIT:Full/ Partial (\$100) Day: Thursday,  | Friday, Saturday (Circle days) (\$35/day)        |
| I understand that my deposit is nonrefundable, but that my refrom the waiting list (if applicable). I agree to make the final parts of the state of | _  |
| Signature:  | Date:  |