

SENIOR SAINTS

Fall Retreat

REGISTRATION



Name: _____

Spouse's Name: _____

Address: _____

City, state, zip: _____

Phone: _____

Home church: _____

Email: _____

Is a first floor room required? (circle one) Yes No

If possible, a room near: _____

Cost: \$110 per person

Extra night stay (\$55 + tax): (circle one) Yes No

Date of extra night: _____

Please send this form and \$30 non-refundable registration fee (applies to total cost) to:

Alpine Ministries
Senior Saints Retreat
161 College Drive
Mount Hope, WV 25880

Confirmation of your registration will be sent. All registrations are handled on a first-come, first-served basis. Photos and video of this retreat may be used in future publicity.