

ALL CHURCH RETREAT REGISTRATION FORM

OCTOBER 6TH TO OCTOBER 8TH @ COVENANT PINES BIBLE CAMP

Name: _____ Phone: _____

Email: _____

Family Members Attending: _____

Dietary Needs/Restrictions: _____

LODGING PREFERENCE:

	Adults (13+)	4-12 years	Under 4
Retreat Center:	_____	_____	_____
Backwoods Cabins:	_____	_____	_____

Retreat & Health Center Rates

Retreat Center and Health Center with 2 nights / 5 meals: **\$112 per adult**; youth ages 4-12 are **\$56**; youth ages 0-3 are **Free**. Max Family price **\$392**.

Amount Due: _____

Backwoods Cabin Rates

Backwoods Cabins with 2 nights / 5 meals: **\$109 per adult**; youth ages 4-12 are **\$55**; youth ages 0-3 are free. Max Family price **\$382**.

Amount Due: _____

Day visitors pay **\$20** per person, with a max of **\$40** per family, plus all meals eaten. To register a la carte please contact the church office for a separate registration form.

CHECKS SHOULD BE MADE OUT TO **BETHLEHEM COVENANT CHURCH**
& CAN BE TURNED IN AT THE CHURCH OFFICE. PLEASE CONTACT THE CHURCH OFFICE
OFFICE@BETHLEHEMCOV.ORG WITH ANY QUESTIONS.