

ALL CHURCH RETREAT REGISTRATION FORM

SEPTEMBER 28 - SEPTEMBER 30 @ 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: **\$120 per adult**; youth ages 4-12 are **\$60**; youth ages 0-3 are **Free**. Max Family price **\$400**.

Amount Due: _____

Backwoods Cabin Rates

Backwoods Cabins with 2 nights / 5 meals: **\$120 per adult**; youth ages 4-12 are **\$60**; youth ages 0-3 are free. Max Family price **\$400**.

Amount Due: _____

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.