

SCOMMAC 2019 Summer Retreat (June 29 – July 1)

Trent University (2510 Pioneer Rd, Peterborough, ON, K9L 1Z8)

(Arrival between 8:30-9:30am, returning at 2pm)

<p><u>Super Early Bird</u> <u>(Feb 24 – March 31)</u> \$110/ Adult \$100/ student (ages 9-18) \$55/child (ages 2 -8)</p>	<p><u>Early Bird</u> <u>(April 1 - 30)</u> \$160/ Adult \$130/ student (ages 9-18) \$60/child (ages 2 -8)</p>	<p><u>Regular Rate</u> <u>(May 1 – June 2)</u> \$200/ Adult \$150/ student (ages 9-18) \$75/child (ages 2 -8)</p>
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*** please fill one registration form per family (use back of form if you have more than 4 members)**

#	Registrant's name/email	Address (Street, City, Postal Code)	Gender (M/F)	Birthdate (M/D/Y)	Telephone #	Dietary Restrictions/Allergies	Fee per Person
<u>1</u>							
<u>2</u>							
<u>3</u>							
<u>4</u>							

- Fee will cover food and accommodation. Refunds are only available on a case by case basis. An admin fee of \$25 will be applied. Participants are encouraged to find a replacement.
- Full payments must be made to be considered a complete registration, payments must be made within the timeframe outlined for Super Early Bird & Early Bird pricing
- Only cheques accepted - payable to **Scarborough Community Alliance Church**

Total Amount Due:

Emergency Contact's Name: _____ Emergency Contact's Phone #: _____

Transportation:

1. Are you/ your family driving to the retreat? **(Yes/ No)**
 ➤ If yes, provide the names for which you're driving: _____
2. If you are a driver, will you be able to offer rides? **(Yes/ No)**
 ➤ If yes, how many extra passengers can your vehicle hold? _____
3. Do you / your family need a ride? **(Yes/ No)**
 ➤ Confirm the # of people that need a ride: _____

For more information about the retreat visit <http://scommac.org>.
 Contact the Registration Team at scommretreat@gmail.com if you have additional questions and changes to your registration.

Roommate Preferences: (must be the same sex unless you are a family)

Room Occupancy: 2 Adults/youth & 1 Child OR 1 Adult & 2 Children

If you have a roommate preference, please identify your top 3 choices:

1) _____ 2) _____ 3) _____

REGISTRATION TEAM USE ONLY

Date Payment Received: _____ Cheque #: _____ Initials: _____