

ST. MATTHEW'S BAPTIST CHURCH
DR. RAYMOND M. GORDON, SR. – SENIOR PASTOR

2018 WOMEN'S RETREAT
OCTOBER 11 - 13, 2018

SHERATON HERSHEY HARRISBURG HOTEL
 4650 LINDLE ROAD
 HARRISBURG, PA 17111

RECONNECTING WITH CHRIST			SMBC MEMBER		NON SMBC MEMBER	
ROOM	OCCUPANCY	ACCOMMODATION	<input type="checkbox"/> COST WITH TRANSPORTATION	<input type="checkbox"/> COST WITHOUT TRANSPORTATION	<input type="checkbox"/> COST WITH TRANSPORTATION	<input type="checkbox"/> COST WITHOUT TRANSPORTATION
Single	One person	1 King size Bed	<input type="checkbox"/> \$420. per person	<input type="checkbox"/> \$395. per person	<input type="checkbox"/> \$450. per person	<input type="checkbox"/> \$420. per person
Double	Two people	2 full size Beds	<input type="checkbox"/> \$305. per person	<input type="checkbox"/> \$275. per person	<input type="checkbox"/> \$335. per person	<input type="checkbox"/> \$305. per person
Triple	Three people	2 full size Beds (Cot \$20**)	<input type="checkbox"/> \$265. per person	<input type="checkbox"/> \$235. per person	<input type="checkbox"/> \$295. per person	<input type="checkbox"/> \$265. per person

****Very Limited Quantities on COTS: Cost is an additional \$20 applied to the Room and Only Available for the Triple.**

Name	Roommate 1		
Roommate 2	Roommate 3		
Address	City	State	Zip
Primary Phone # [] Cell [] Text Accepted	Email		
Secondary Phone # [] Cell [] Text Accepted	Emergency Contact Name	Emergency Contact Telephone	
Preferred Contact Method [] Phone [] Email	Friday Banquet Dinner Meal: [] Salmon w/ Pineapple Salsa [] Lemon Pepper Chicken [] Vegetarian		
First Time Attendee [] Yes [] No	Young Adult (Age 16-35) [] Yes [] No		
First Lady? [] Yes [] No	Senior Citizen (Age 65+) [] Yes [] No		

SMBC Member [] Yes If NO, please specify Church Name, City and State:

Special Needs [] Wheel Chair [] Difficulty Walking [] Vegetarian [] Other _____

Workshop Topic Interest Survey (Check TWO areas of interest) [] Marriage: Communication and Conflict [] Processing Grief
 [] Reconnecting Through Obedience [] Discerning His Will [] Young Adult Session [] Embracing Singleness

WOMEN'S RETREAT POLICIES

- ◆ Please consider making a tax deductible contribution to help a Sister attend the retreat. I will contribute \$_____ to be added to my retreat total.
- ◆ Registration cannot be processed without a **\$35.00 non-refundable, non-transferable deposit** which will be deducted from retreat total.
- ◆ Credit Card payments are accepted in our payment center or on our website (www.stmatthewsbc.org) and **must be accompanied by this completed form.**
- ◆ Checks should be made payable to SMBC with "Women's Retreat 2018" written on the memo line. No Checks accepted **after 8/27/2018**
- ◆ Mailing Address is St. Matthew's Baptist Church Att.: **Women's Retreat P. O. Box 817 Williamstown NJ 08094**
- ◆ I have read/understand payment deadline and cancellation policies _____ *****(initials required)*****

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Ministry Input Only: Date Received _____ **Women's Breakfast** ___ **Payment Center** ___ **Mail** ___ **Other** _____