



LENTEN Live-in RETREAT

8:00 a.m. Saturday, March 10 to 6:00 p.m. Monday, March 12, 2011
 Jackson's Point Conference Centre, 1890 Metro Road North, Jackson's Point, Ontario, L0E 1L0 Canada

Registration Form (Page 1)

First Name: _____ Last Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Tel: Home _____

Tel: Work: _____ Cell: _____ Email: _____

Participant's Name(s) Please PRINT, and ✓ Applicable		Sex		Adult	Youth	Child 2 to 9 yrs. with Parent(s)	Infant 0 - 23 Months	Amount
First Name	Last Name	M	F	\$275 Per Person	\$190 Per Person	\$75 Per Person	Free with Parent (s)	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Total								\$

Bank Name: _____ Cheque Number: _____ Date: _____

Booking Type: Group Family Individual

Please See Reverse

Registration Form (Page 2)

Allergies if any: _____

Male and Female double occupancy for Married couples only

Full payment required at the time of Registration. NO REFUND upon CANCELLATION

Make cheque (s) or Money Order payable to **GETHSEMANE MINISTRIES**.

Registration deadline: Friday, February 24, 2012

Registration Fee includes 2 night accommodation and 7 meals.

Please mail completed forms along with payment to the address given below:

GETHSEMANE MINISTRIES

20 SPARKLING PLACE

BRAMPTON, ONTARIO, L6R 2Y1

(Please do not send cash in mail)

For more information and inquiries, please call 905-789-9909 or Email: gethsemaneministries@yahoo.ca

Free parking available on site

Signature of the Registrant: _____ Date: _____