

## 2017 PILGRIM REST BAPTIST CHURCH WOMEN'S RETREAT

Times Square New York, New York | October 12-15, 2017

### REGISTRANT INFORMATION

Last Name		First Name		Date	
Street Address				Apartment/Unit #	
City		State		ZIP	
Cell Phone		Home Phone			
E-mail Address					

### HOTEL ACCOMODATIONS (SHERATON TIMES SQUARE, 811 7TH AVE, NEW YORK, NY 10019)

Are you requesting a single hotel room*?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*If requesting a single hotel room, you will be responsible for entire hotel amount.
<i>If no, who is your roommate? (Please make sure your roommate lists you as their roommate on their registration form.)</i>			
Name			
Cell Phone		Home Phone	
E-mail Address			

### NATIONAL MUSEUM OF AFRICAN-AMERICAN HISTORY & CULTURE EXCURSION

Day trip to Washington, DC – Friday, October 13, 2017			
Cost: \$75 per person for transportation (museum admission is free), \$15 per person for breakfast ticket			
Will you be attending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, would you like to visit the National Museum of African-American History & Culture?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>This portion of the trip is open to your spouse, child(ren), other family members and/or friends. Please list names of persons attending below:</i>			
Name		Name	
Name		Name	
Name		Name	
Breakfast Ticket(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Quantity

### MEMBERSHIP INFORMATION

Are you a member of PRBC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please list your church name (if applicable).
Where you invited to this retreat?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who invited you?

**EMERGENCY CONTACT**

Name		Relationship	
Home Phone		Work Phone	
Cell Phone		E-mail Address	

**SPECIAL REQUIREMENTS**

*Please list any special accommodations/limitations:*

Are you taking any medications?

YES

NO

*If so, please explain the nature and purpose of the medication.*

**FOR INTERNAL USE**

Method of Payment	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Debit Card <input type="checkbox"/>	American Express <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
CC#				Exp. Date		CVV
Zip Code		Payment Amount		Date of Payment		
Reviewed By						

*Notes:*

