



ABOVE ALL ELSE
GUARD
YOUR HEART
FOR
EVERYTHING
YOU DO
FLOWS FROM IT.

September 29, 30, October 1, 2017

A retreat planned by the Oregon District LWML Christian Life Committee
Macleay Christian Retreat Center, 2887 74th Avenue, Salem, OR 97317
www.experiencemacleay.org

Name: _____ Preferred Phone: _____

Address: _____

Email address: _____

Roommate Preference Name(s): _____

Special Room Needs Requirement:

___ I am a member of the Board of Directors (EC & BOD)

Registration Fees: Two nights and five meals.....	\$150.00
(This includes Friday dinner, Saturday-all meals; Sunday breakfast)	
For members of the EC and BOD only – additional Friday lunch	\$ 12.50
Total Amount Enclosed.....	\$ _____

Upon receipt of registration, a confirmation will be sent including: directions to the retreat center and an Emergency and Medical Information form. Please fill out this form and bring it with you to the retreat.

Everyone provides own linens (sleeping bag or sheets/blankets and towels.)
PLEASE NOTE: The retreat center does not accommodate special dietary needs.

Mail this Registration form, along with the Participant Information form and a check by August 31, 2017 (earlier would be appreciated) to: Debbie Weaver P.O. Box 1509 Scappoose, OR 97056
Make Checks payable to: **Oregon District LWML**

Questions: Please contact Debbie Weaver at 503-543-2229 or e-mail boodsmom@centurytel.net, Christian Life Committee Chairman of the Oregon District LWML