



Retreat Registration Form The DeKoven Center

<i>Name</i>	<i>Date</i>	<i>Telephone</i>
<i>Address</i>		<i>City/State/Zip</i>
<i>E-Mail</i>		<i>Retreat Group Name</i> <b style="color: purple;">FUNKY HANNAH'S BEAD CAMP! JAN. '18
<i>Lodging Accommodations</i>		
Commuting or Overnight Package? <input type="checkbox"/> Commuting (\$120) <input type="checkbox"/> Overnight Package (\$240) <small style="padding-left: 20px;">Includes all meals. Includes Fri. & Sat. night lodging, Sat. breakfast, lunch, & dinner, and Sun. brunch.</small>		
Overnight Room Preference?		
<input type="checkbox"/> Single (+\$20) <input type="checkbox"/> Double <input type="checkbox"/> Triple		
If double room, do you have a roommate preference?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Roommate Name(s): _____		
<i>Optional Class(es):</i>		
Morning Session 9:00a-12:00p <input type="checkbox"/> No <input type="checkbox"/> Yes Please! (+\$50, most supplies included) <small style="padding-left: 20px;">-- Bead Embroidery Imagery with Nancy Erickson Dutmer</small>		
Afternoon Session One 1:00p-2:30p <input type="checkbox"/> No <input type="checkbox"/> Yes Please! (+\$30, all supplies included) <small style="padding-left: 20px;">- Tin Earrings (Space for 6 students)</small>		
Afternoon Session Two 2:30p-4:00p <input type="checkbox"/> No <input type="checkbox"/> Yes Please! (+\$30, all supplies included) <small style="padding-left: 20px;">- Tin Earrings (Space for 6 students)</small>		
<i>Dietary Information</i>	<input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Dairy Free	<i>Special Accommodations</i> Please describe any special accommodations you may need during your retreat at DeKoven: <small>(close to elevator, wheelchair ramp, etc.)</small>
Please select any necessary dietary restrictions that we may accommodate during your stay:		
Do you have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i> _____		
<i>Payment Information</i>		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check <small>(made payable to The DeKoven Center)</small>		Amount Due: \$ _____
<input type="checkbox"/> Credit or Debit Card		
Card Number: _____ Exp. Date: ____ / ____ CVV: _____		

***Please fill out registration form and return to Sarah Bussell
no later than 2 weeks before your retreat. Thank you!***

Phone: (262) 633-6401 ext.105 sbussell@dekovencenter.org Fax: (262) 898-1644

The DeKoven Center, 600 21st Street, Racine, WI 53403