



2017 Fall Fellowship Women's Retreat at Covenant Harbor



Name: _____ Age Bracket: 18-35 36-50 51-65 66-80 81-100

Phone: Home Cell _____ Email: _____

Address: _____ City/State/Zip: _____

Church Name: _____ Church City and State: _____

Emergency Contact Name and Phone: Home Cell _____

Comments Pertaining to Accommodations (i.e. choice of roommates, food allergies, physical limitations):

Please check all that apply:

This is my first Fall Fellowship Covenant credentialed Clergy I would benefit from Spanish translation

I would like to meet with a Spiritual Director (\$20) cash or check due at check in

I will bring: an item for the raffle which benefits Fall Fellowship Participant scholarships

AM Workshop: First Choice _____ Second Choice _____

PM Workshop: First Choice _____ Second Choice _____

I would prefer to stay in:

Geneva Bay Center \$215 Engebretson or Guest House \$185

Hilltop, Triplets or Lodge \$170 Kishwauketoe \$125 Commuter \$110

I would like to contribute to the Fall Fellowship Scholarship Fund to help women attend the retreat \$ _____

Total \$ _____

Amount Enclosed (\$50 Minimum) \$ _____

Balance Due \$ _____

I am applying for a partial scholarship. Information is available at wmcc2gether.com or at your church office. Deadline is August 18, 2017.

* Other free time activities (\$3-\$8) will be available on a first come first serve basis at check in. Please call Valerie Clark at 574-876-2945 if you have any questions.

Release and Waiver of Liability

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant signature: _____

Printed name: _____ Date: _____

Payment Information

Make checks payable to 'Covenant Harbor' (Our preferred payment)

If paying by credit card, payment must be for full retreat cost plus \$5 processing fee. Visa Master Card

Card #: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____ Authorized Signature: _____

Please mail this form along with your \$50 nonrefundable deposit to:

Central Conference Fall Fellowship 2017, Covenant Harbor, 1724 W. Main Street, Lake Geneva, WI 53147