



Registration Information

Retreat Dates: May 27 – 30, 2010

I. Personal Information	
Full name	
Name you like to be called	
Home address	
City, State Zip	
Home phone	
Cellular phone (preferred)	
e-mail address	

II. Payment Information: (Leave blank) This space will be completed when payment is received. Check or Money order ONLY payable to COLM . Mail to Bernita Scott (see address below) or give to your City Coordinator.			
	Amount	Date	Ck# or MO #
Deposit: \$100.00 by May 8th (Non refundable)			
Final Payment: \$400 due by May 21st			

III. City Information:	
City:	City Coordinator:

IV. Airline Information	Incoming Flight	Departing Flight	Driving	Shuttle (Yes or No)
Date				
Airline				
Flight number				
Departure city				
Departure time				
Arrival time (Incoming only)				
Airport: GSP S.C. or CLT N.C.				

Please make two copies of this form. Complete the first section and send with your deposit to reserve a space. The second copy to be used to forward travel information no later than 48 hours prior to your retreat date.

Mail payments and hardcopy form to:
Bernita Scott
150 Adams Park Drive Fayetteville, GA 30214 Phone 770 632-7404 or 770 289-9968 (C)
Or Email form to: bernitadiana@yahoo.com