**SPRING RETREAT 2024**

**OVERNIGHT GUEST REGISTRATION**

   The Retreat Event Registration form (including youths’ names) for each church must be received

via email or regular mail by Karen Noel no later than April 4.

Karen’s address is 7105 Dorey Lane, Waxhaw, NC 28173.

Her email address is aw.knoel1@gmail.com

Name tags are made from this form, so please write legibly.

Check-in begins Friday at 4 p.m. First service begins at 7 p.m.

Attendees are responsible for their own dinner on Friday.

**YOU MUST MAKE YOUR ROOM RESERVATIONS THROUGH EMBASSY SUITES**

For more information check out our website: <https://asalliancewomen.org>

**This is an electronically fillable form.**

|  |
| --- |
| **Church Name**  |
| **Church Address**  |
| **City State Zip** |
| **Retreat Contact Person** |
| **Contact Phone Contact email** |

**Each room may only have 4 occupants. (Please type or print clearly). Put a “Y” next to the name if Youth, “RIW” or “IW” if applicable. Indicate form of payment. Print as many forms as needed for your church.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Y/RIW/IW | Name | Email | Phone | Check Amount | Tithe.ly Amount |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Y/RIW/IW | Name | Email | Phone | Check Amount | Tithe.ly Amount |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Y/RIW/IW | Name | Email | Phone | Check Amount | Tithe.ly Amount |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |