

2017 CCQ Fall Retreat

Sept 28- Oct 1 ** Aldergate Retreat Center ** Turner, OR ** \$245

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Allergies/Dietary Needs: _____

Requested Roommates (each room sleeps 4):

1. _____ 2. _____ 3. _____

Total Cost \$245; Minimum Deposit \$50 required to sign up. Cash/Check only

Collected at sign up \$ _____ (Cash / Check# _____) Remaining Balance Due \$ _____

Normal Policy of no refunds applies

You will need to bring your own linens. If you would like to have linens provided it is an extra \$14 per set and towels are \$5 per set. Please let me know if you would like to have either provided.

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Receipt * Receipt * Receipt * Receipt * Receipt * Receipt * Receipt * Receipt * Receipt * Receipt

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Name: _____

Date Deposit Paid: _____ **Normal Policy of no refunds applies**

Amount Paid \$ _____ (Cash / Check# _____) Remaining Balance Due \$ _____

Balance Paid \$ _____ (Cash / Check# _____) Date Balance paid: _____

CCQ Fall Retreat Chair: Jeanne Garritson * 907-764-1231 * sewjeannesew@icloud.com