

# 2021 Vision Church Ladies Retreat Information Packet

**Dates:** Thursday May 20, 2021 through Saturday May 22, 2021

**Cost:** \$ 125.00 per person

**The Cost includes:** Food and Lodging

**Who can go?** Ladies from Vision Church, 18 years old or older can attend. Friends and family members may also attend, but their cost will be \$150.00

**Location:** Michindoh Retreat & Conference Center in Michigan. Approx. 2.5 hours North-West of Toledo

We have reserved beautiful cabins at one of the most popular retreat centers in the area. There will be many activities to keep you active and many opportunities to grow closer as women of God of Vision Church. There will be time to reflect and be alone with God to encourage a closer walk with your Creator.

Come and connect or reconnect with your sisters in Christ. Take the opportunity to refresh your body and soul, and be encouraged by the Word and presence of God.

**Side Notes:**

This is a great weekend to relax with church sisters, BUT there are some important things we need to remember:

1. Please make all payments on time we will be very sad to enforce the **No Pay = No Go policy**. Please plan on having all your money turned in no later than April 10<sup>th</sup>
2. Women that regularly attend the church will receive \$5.00 off if they pay and register by March 13, 2021 this will make the total cost at time of payment - \$120.00
3. If you register and find that you are unable to attend, please make us aware as soon as possible. We have already made a non-refundable payment to Michindoh to hold our reservation and will need to be sure we have enough attenders to cover.
4. Bedding is not included in the pricing BUT a "bed roll" including sheets, blankets and a towel is available for a \$5.00 fee. **Please mark your registration form if you want to have that added to your registration fee.**
5. If there is someone you would like to room with for the retreat, **make note of it on your registration form.** We will do our best to make it happen but cannot guarantee all requests will be granted.
6. If you have specific food allergies, **please mark it on your registration form.** We will do our best to work with you, but it may be necessary to bring some of your own food
7. Transportation is not included in the pricing but the Vision Church van will be available. **Please let us know on your registration form if you need to utilize the van for transport.** We do encourage everyone to carpool with others attending.

There might be more to share so **STAY TUNED** and watch for announcements in the weekly bulletin and shared live from the pulpit. IN HIS GRIP – The Women's Retreat Planning Team.

# 2021 LADIES RETREAT

## REGISTRATION FORM

Thursday May 20, 2021 – Saturday May 22, 2021

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Complete address:

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Special Needs Information:

Allergies: \_\_\_\_\_

\_\_\_\_\_

Special Medications: \_\_\_\_\_

Physical Limitations or Medical Challenges: \_\_\_\_\_

\_\_\_\_\_

Are you covered by Health Insurance? \_\_\_\_\_

Additional needed information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Liability Release:** I hereby release, forever discharge and agree to hold harmless Vision Church and its representatives, drivers, ministers and trustees thereof from any and all liability, claims, or demands for personal injury, sickness or death as well as property damage and expense of any nature whatsoever which may be incurred by the undersigned that may occur while riding in the Vision Church Van during transport or participating in church related activities.

I hereby agree to hold harmless and indemnify Vision Church and its representatives, driver's, ministers and trustees thereof for any liability sustained by Vision Church and its representatives, participants, including expenses incurred thereto.

**Medical Release:** I grant permission to take me to a doctor, hospital or other medical treatment facility and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical or surgical diagnosis or treatment, x-ray examination, anesthetic and hospital care performed by or under the supervision of a member of the medical staff of the hospital or medical facility furnishing medical services if I am not able to make the decisions. Further, I assume the responsibility for all medical costs and transportation fees, if any.

I give my permission for photographs or videos to be taken of me to be used without charge for publication, promotion or advertisement purposes by Vision Church if such occasion should arise.

I understand that:

- Full payment is due by April 10<sup>th</sup>. If my payment is not made in full by this date then my name will be on a waiting list and the next person in line (paid in full) will have the opportunity to take my spot. For the sake of everyone we must understand there is a **“NO PAY NO GO Policy”**, please don't force us to enforce this policy.
- No refunds for retreat payments will be given after March 27<sup>th</sup> and all forfeited monies will go for general retreat expenses.
- I understand that my spot is not secured until my completed and signed registration form **AND** payment in full is made to the church office.

Name (PRINTED): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IF POSSIBLE**, I would like to share space with the following:

\_\_\_\_\_

Please circle your response for the following questions:

I want Michindoh to provide bedding and a towel for a \$5.00 additional fee -                      Yes                      No

(Charge must be added to your registration payment)

I am willing to sleep on a top bunk if necessary -                      Yes                      No