

**CCOP Women's Retreat 2012
REGISTRATION FORM**

Name: _____

Address: _____

Phone: _____ **Alternate:** _____

Email: _____ (for confirmations)

\$ _____ 3 Days/2Nights - \$215*/shared room \$255*/single room
* Pay before 12/18/11 **\$200/shared room \$240/single room**

Roommate (if requesting): _____

\$ _____ Saturday Only - \$95.00 (full day activities, 3 meals + evening social)
* Pay before 12/18/11 **\$85**

\$ _____ Optional donation: \$ 10 ____ \$20 ____ Other: _____
* 100% of your donation goes toward assisting women who
may otherwise not be able to attend. **THANK YOU!**

\$ _____ **TOTAL PAYMENT ENCLOSED** (sorry no refunds)

**Mail registration form along with check payable to "CCOP" to
Barbara Stiehr, 6709 Arlington Dr, Pleasanton, CA 94566**

For More Info or Financial Assistance

Please Contact Barbara Stiehr at (925) 518-3975 or bstiehr@comcast.net

Special needs/Requests (ie. need 1st floor due to mobility issues)

We will do everything possible to accommodate your requests but cannot guarantee.

Registration is first come, first serve. Early registration will help facilitate your request.

Special Requests/Comments: _____

