



Fifth Annual Family & Couples Retreat - November 27-29, 2009

All participants must submit a completed application with payment by the appropriate deadline. Applications & payments may be mailed to: **St. John the Baptist Retreat C/O Jacklin Youssef, 11 Matano Ct. Monroe, NJ 08831** or may be made online at: **www.thecopticfamily.org**. Please make checks payable to **St. John the Baptist Family Retreat**. **NO Refunds will be allowed after November 9, 2009**. Registrants are accepted on a first-come, first-served basis; therefore, availability and/or accommodation is not guaranteed even if a registrant meets the posted deadline.

Prices:

Age 18 + : **\$210** Age 5 -12: **\$100**
Age 13 - 17: **\$150** Under 5 : **Free**

Deadlines:

Application must be submitted or postmarked by **November 9th**. Late applications will incur an additional late fee of \$25 per room.

Primary Applicant

Name: _____
First Last Age Sex (18 Min.)

Address: _____
Street Name / No. Apt. City State Zip

Tel.: () - () - X. () -
Home Work Cell

E-mail: _____ Church: _____
Name Location

Guest 1 Name: _____
First Last Relationship Age Sex

Guest 2 Name: _____
First Last Relationship Age Sex

Guest 3 Name: _____
First Last Relationship Age Sex

Guest 4 Name: _____
First Last Relationship Age Sex

For Single Applicants

I prefer to keep room as single occupant - **\$75** Additional Charge → \$ _____

I have selected a roommate
 Name: _____
First Last Age Sex Church Name & Location

Please Assign me a roommate _____

Subtotal \$ _____

Accommodations

Room (1)	Room (2) *	Room (3) *	Notes / requests on room Accommodations _____ _____
<input type="checkbox"/> King	<input type="checkbox"/> King	<input type="checkbox"/> King	
<input type="checkbox"/> 2 Full	<input type="checkbox"/> 2 Full	<input type="checkbox"/> 2 Full	

Late Application Fee

Applications submitted or postmarked after **11/9/09**, please add \$25 per room Late fee → \$ _____

I have read and agreed to the rules and regulations of the retreat and I will be held responsible for any damages caused by me or any of my guests.

Primary Applicant Signature Date

\$ _____
Total

STAFF USE ONLY	Received	Check #	Amount	Returned	Comments	Room(s)