



# Women's Chocolate Getaway

at Casowasco Camp and Retreat Center



**This weekend begins Friday, March 4, 2011, with check-in at 7:00 PM and concludes Sunday, March 6, 2011, after brunch.**

To register, fill out the registration form below and send it with payment to:

Casowasco Camp & Retreat Center,  
158 Casowasco Drive, Moravia, NY 13118

**Registration Deadline: February 28, 2011. Please make checks payable to:  
Upper New York Annual Conference**

Rates for this retreat are as follows:

**Package A \$187**  
2-Night stay with Friday evening snack,  
3 meals on Saturday, and brunch on  
Sunday.

**Package B \$105**  
1 Night stay with Friday evening  
snack, and 2 meals on Saturday

**Package +C \$10**  
Dinner on Friday Night

+

**How did you hear about this event?** \_\_\_\_\_

**Chocolate Lover's Name:** \_\_\_\_\_

**Home Address** \_\_\_\_\_

Street or PO Box

City

State

Zip Code

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Fee \$** \_\_\_\_\_ (Circle Package) **A B +C**

**E-Mail** \_\_\_\_\_

**Retreat Fees:** \$ \_\_\_\_\_

**Additional Meal:** \$ \_\_\_\_\_

**Total Fees:** \$ \_\_\_\_\_

**Amount Enclosed:** \$ \_\_\_\_\_

**Balance Due:** \$ \_\_\_\_\_

**Note: A deposit of \$75.00 must accompany registration form.**

**Method of payment:**  Check  Visa  MasterCard

**Card #** \_\_\_\_\_ **Exp Date** ( / )

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Cardholder's Address** \_\_\_\_\_

Are you willing to share a retreat room with another person?  Y  N

Name of room-mate request? \_\_\_\_\_

Do you have any dietary requirements (food allergies, vegetarian, no sugar, low fat, etc.) \_\_\_\_\_

Do you have special needs that the staff should be aware of before you arrive? (wheelchair accessibility, limited mobility, housing considerations, etc.)? \_\_\_\_\_

Sign me up! Colleen Wood, a massage therapist, will be offering 15 min chair massages at an additional cost of \$15. The additional cost will be paid directly to Colleen upon arrival.

I hereby register for the above-named event. I give permission for my name and address to be shared with my event group, and for still/video pictures of me to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care as needed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Look at Page 2, which provides important registration procedure information.**

**"Taste and see that the Lord is good." Psalm 34:8**

### **Registration Procedures**

- A deposit of \$75.00 for each adult attending must accompany registrations. The remaining balance is due 2 weeks prior to the weekend start date.
- Shortly after we receive your registration, you will receive a confirmation letter.
- Full refunds will be issued only in cases of documented medical concern or a death in the family which prohibits attendance. Cancellations for other reasons will result in the loss of the deposit. No refund is offered for cancellations within two weeks of the start of the weekend and any remaining balance will be due in full.
- If you have questions or concerns regarding registration, schedule, or refunds, please contact the office at 315-364-8756.

**We're looking forward to seeing you soon!**

**“Taste and see that the Lord is good.” Psalm 34:8**