

Women's Chocolate Getaway

Casowasco Camp & Retreat Center

March 9 – 11, 2012

Please circle the package(s) you would like to register for:

Package A: \$187

Friday evening – Sunday afternoon

2 nights, 5 meals

Package B: \$105

Friday evening – Saturday afternoon

1 nights, 2 meals

Package C: \$10

Dinner on Friday night

Chocolate Lover's Name _____

Street/City & State/Zip _____

Home Phone _____ Cell Phone: _____ Email: _____

Emergency Contact _____ Phone (H) _____ (C/W) _____

Special Dietary Needs _____

Roommate Request: _____

Are you willing to share a retreat room with another person? Yes No

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.

How did you hear about this event? _____

A deposit of \$75 must accompany the registration form.

Payment Method:

Check

Visa

MasterCard

Amount: _____

(Checks payable to: Upper New York Annual Conference)

Card Number: _____ Exp. Date (XX/YY): _____

Cardholder's Name (please print) _____

Cardholder's Signature: _____

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 _____

Return Registration Form To:

Casowasco Camp & Retreat Center

158 Casowasco Dr. Moravia, NY 13118

E-mail: Registrar@casowasco.org // Fax: 315-364-8756 // Phone: 315-364-8756