

Sleep-in Your Own Bed Retreat Registration – March 2025

_____ March 24,25,26 (Mon/Tues 9 AM – 8 PM – Wed 9 AM -7:00 PM) _____ March 27,28,29 (Thurs-Fri 9 AM – 8 Pm Sat / 9AM -7PM)

Name: _____

Address: _____

City: _____

Cell: _____ Email address: _____

Emergency contact: _____ Phone #: _____

Payment \$40.00: Check # _____ Cash _____ Date: _____

Allergies. _____

Preference to sit with 1 other individual/needs to be on both applications: _____

Payment is needed with registration. Pay for only one session.

If you want to attend both sessions, please give a first and second choice.

The Second session choices will be granted if an opening occurs.