



## REGISTRATION FORM FOR RETREATS

**Retreat Selection(s)** : (check all that apply)

November 5-7, 2010 Women's Weekend Retreat

December 2, 2010 Half-Day Advent Time Out

**Contact Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about this retreat? (Please check all that apply)

WellSpring Website

Word of mouth

Brochure/Mailing

Friend: \_\_\_\_\_

Internet search

Other: \_\_\_\_\_

**Payment Details:**

Cost for Time Out: \$25 includes continental breakfast & all materials.

Cost for Weekend Retreat: \$250 (You may send the total amount now or send a \$50 non refundable deposit with the balance due 30 days before the retreat.)

Please mail your payment to (check payable to):

WellSpring

P.O. Box 7384

Menlo Park, CA 94026

Wellspring

P.O. Box 7384, Menlo Park, Ca 94026

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