

REGISTRATION FORM: SAFECHURCH RETREAT

April 22, 2017 8:30 AM – 3:00 PM

Deadline for registration: April 18

Name: _____ Church: _____

Preferred phone: _____ Email: _____

Address: _____

City, State and Zip Code: _____

Dietary restrictions? No Yes explain _____

Physical restrictions? No Yes explain _____

Any other concerns you would like us to know about? _____

Does your pastor/SafeChurch team representative know you are attending? No Yes

If you would like us to notify your church that you plan to attend, please write down the name & contact information (phone or email) below of the individual to contact:

Name: _____ Contact: _____

(This is entirely optional!)

SPACE IS LIMITED. PLEASE REGISTER EARLY TO RESERVE YOUR PLACE. *No cost for the first 3 registrants from congregations participating in Samaritan facilitated SafeChurch Clusters running February – November 2016 or in the current cluster. All others: \$35.00 (includes lunch). Funding support available for those in need! To pay by check or credit card mail this registration form to Samaritan Counseling Center, Attn: Dianne Renfro, 1803 Oregon Pike, Lancaster, PA 17601. If you prefer to register by phone, contact Dianne at 717-560-9989.

Credit Card

Name on Card _____

Billing Address for the Card _____

Credit Card Number _____ Type: Visa/MC/Discover (circle one)

Exp. Date _____ CVV Number (back of card) _____

Total to be Charged \$ _____

Signature _____ Date _____