



# Lake Tahoe Fellowship Retreat at Zephyr Point Registration Form

Sunday, July 21 – Friday, July 26, 2019

Speaker: Deacon Mike Friedrich

Theme: “Ordinary People Finding Themselves with Extraordinary Powers”

*Please complete one form for each person*

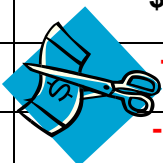
Name:	Phone - Home: (    )
	Phone - Cell: (    )
Street Address:	City, State, Zip Code:
Email Address:	Church Affiliation:
Special Needs? (Vegetarian, Vegan, Physically challenged, etc.) please specify:	

### First come first serve!

- Early bird discount! Registration forms postmarked by Friday, **03/01/2019**, receive a **\$20 discount!**
- To guarantee your spot, please turn in your forms and check, postmarked by **3/22/19**.
- Registration forms postmarked **after 3/22/19** will be charged a **late fee of \$50**. Based upon availability, you may be placed on a waiting list.
- Please send to: Lori Lee, 7709 W Shore Drive, Sacramento, CA 95831

2019 Pricing & Discounts:	Cost per person: (Clergy 50% discount, ROOM ONLY)	Total Cost:
<input type="checkbox"/> Single (1 person in room)	\$800	
<input type="checkbox"/> Double (2 people in room) Roommate preference:	\$570	
<input type="checkbox"/> Triple (3 people in room, 3 beds) There is a possibility, these rooms may not be available. Roommate(s) preference:	\$540 Please pay for a “double” and if a triple is available, a refund will be issued.	
<input type="checkbox"/> Quadruple (4 people in room, 2 beds) Roommate(s) preference:	\$490	

<b>TRANSPORTATION (BUS)</b>		
<input type="checkbox"/> One Way	<b>\$65</b>	
<input type="checkbox"/> Round Trip from San Jose/Berkeley	<b>\$125</b>	
<input type="checkbox"/> Round Trip from Sacramento	<b>\$100</b>	
<input type="checkbox"/> <b>Early Bird Discount</b> – all paperwork in and postmarked by 03/01/19	<b>-20</b>	
1. <input type="checkbox"/> <b>First-time Attendee</b> (per person)	<b>-\$50</b>	
2. <input type="checkbox"/> <b>First-time Round-trip Bus-rider</b> (per person)	<b>-\$20</b>	
3. <input type="checkbox"/> <b>Special Senior</b> (over 80 as of 7/15/19)	<b>-\$100</b>	
4. <input type="checkbox"/> <b>Board member; Board Advisor; DVD producer</b>	<b>-\$50</b>	
5. <input type="checkbox"/> <b>Conference Volunteers*</b> : (check box & circle position)	<b>-\$50</b>	
<input type="checkbox"/> Faith Journey speaker <input type="checkbox"/> Ice Breaker leader <input type="checkbox"/> Convener of the Day, <input type="checkbox"/> Pianist/Musician <input type="checkbox"/> Workshop leader <input type="checkbox"/> Evening snack host <input type="checkbox"/> Bookstore manager/helper, <input type="checkbox"/> Exercise leader <input type="checkbox"/> Showtime coordinator <input type="checkbox"/> Morning coffee host <input type="checkbox"/> Name tag maker		
Discount: (Greatest of 1-5 above) Clergy cannot take additional discounts.	\$	



Memorial Service: If you would like to light a candle in memory of a loved one that has passed from 7/28/18 to present, list their name(s) and relationship to you.

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**Lake Tahoe Fellowship Retreat**  
**Sunday, July 21 – Friday, July 26, 2019**



**Confidential Health/Emergency Form**

PLEASE COMPLETE AND RETURN A HEALTH FORM FOR  
EACH MEMBER OF FAMILY/COUPLE/PARTY

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Address (City, State, Zip Code): \_\_\_\_\_

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

Gender:  Male  Female      Date of Birth: \_\_\_\_\_

1. Do you have any health conditions (e.g. allergies, chronic conditions) or special circumstances that we should know prior to emergency treatment?  
 No  Yes (if yes, please explain): \_\_\_\_\_

Are you allergic to any medications?  
 No  Yes (if yes, please list): \_\_\_\_\_

Do you have a pacemaker?  
 No  Yes, Model #: \_\_\_\_\_

Have you had a stent procedure?  
 No  Yes (if yes, year performed): \_\_\_\_\_

2. Who should be notified in case of an accident or medical emergency?  
(Please list an individual other than a Zephyr Point traveling companion)  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address (City, State, Zip Code): \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

3. List your health/accident insurance carrier(s) and appropriate policy number(s).  
\*Kaiser Hospital members give your medical ID number.  
Name of carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Feel free to list any additional information or concerns you may have, below. If you need more space, please feel free to use the back of the page.

\_\_\_\_\_  
\_\_\_\_\_

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

Dear Workshop Leader,

We are so grateful you will be leading a Workshop at the 2019 LTF Conference. Your willingness to share your skills, talents and expertise will add to the enrichment of the conferees stay.

Will you need any audio, visual, or sound equipment or tables/chairs set up for your presentation? If so, please complete this form and we will ensure to have your needs met the day of your workshop.

Name of Leader \_\_\_\_\_

Workshop Title \_\_\_\_\_

Name of Workshop Helpers \_\_\_\_\_

Maximum number of participants in your Workshop \_\_\_\_\_

Material cost to be paid by participant (Please indicate if you would like prepayment or payment at the retreat) \_\_\_\_\_

How many tables and/or chairs will be needed? Do you want tables or chairs set up in a special arrangement? How? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What audio, visual or sound system will be used or needed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you need more information:

Contact: Lori Lee (H) 916-428-5881, (C) 916-730-0601 or [shoppinglori@sbcglobal.net](mailto:shoppinglori@sbcglobal.net)

Please submit any additional expenses with attached receipts to Jill Kanemasu, Treasurer by Monday, July 22, 2019. Jill will make reimbursements during the retreat. Thank you!

List Expenses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_