



Lake Tahoe Fellowship Retreat at Zephyr Point Registration Form

Sunday, July 19, 2020 – Friday, July 24, 2020

Speaker: Pastor Brad Kramer

Topic: “Lessons Learned From the Miracles of Jesus”

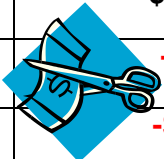
Please complete one form for each person

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, **03/06/2020**, receive a **\$20 discount!**
- To guarantee your spot, please turn in your forms and check, postmarked by Friday, **3/27/20**.
- Registration forms postmarked **after 3/27/20** will be charged a **late fee of \$50**. Based upon availability, you may be placed on a waiting list.
- Please make your checks out to **NCJCCF**
- Please send to: **Lori Lee, 7709 W Shore Drive, Sacramento, CA 95831**

2020 Pricing & Discounts:	Cost per person: (Clergy 50% discount, ROOM ONLY)	Total Cost:
<input type="checkbox"/> Single (1 person in room)	\$845	
<input type="checkbox"/> Double (2 people in room) Roommate preference:	\$620	
<input type="checkbox"/> Triple (3 people in room, 3 beds) There is a possibility, these rooms may not be available. Roommate(s) preference:	\$575 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:	\$525	

TRANSPORTATION (BUS)		
<input type="checkbox"/> One Way	\$65	
<input type="checkbox"/> Round Trip from San Jose/Berkeley	\$125	
<input type="checkbox"/> Round Trip from Sacramento	\$100	
<input type="checkbox"/> Early Bird Discount – all paperwork in and postmarked by 03/01/19	 -20	
1. <input type="checkbox"/> First-time Attendee (per person)	-\$50	
2. <input type="checkbox"/> First-time Round-trip Bus-rider (per person)	-\$20	
3. <input type="checkbox"/> Special Senior (over 80 as of 7/18/20)	-\$100	
4. <input type="checkbox"/> Board member; Board Advisor; DVD producer	-\$50	
5. <input type="checkbox"/> Conference Volunteers*: (check box & circle position)	-\$50	
<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 7/25/19 to present, list their name(s) and relationship to you.

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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 2020 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

Please submit any additional expenses with attached receipts to Jill Kanemasu, Treasurer by Monday, July 27, 2020. Jill will make reimbursements during the retreat. Thank you!

List Expenses: _____

