

# Shiloh Baptist Church 2019 Triennial Women's Retreat

## *"The Apple of His Eye"*

April 26-28, 2019  
**Princeton Marriott at Forrestal**  
**Princeton, New Jersey**

FIRST NAME	LAST NAME	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER	E-MAIL ADDRESS	
CHURCH HOME	CITY, STATE, ZIP	

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

<b>Retreat Fees: Double Occupancy \$365.00/pp, Single Occupancy \$480.00/pp (all inclusive, payable in three (3) installments).</b> <b>A \$30 non-refundable deposit is required.</b> <i>Please make your selection below.</i>
<input type="checkbox"/> Double Occupancy (2 to a Room): \$365.00 per person – Room equipped with 2-Douple Beds
ROOMMATE: <input type="checkbox"/> NO PREFERENCE
<input type="checkbox"/> Single Occupancy (1 to a room): \$480.00 per person

### Recommended installment payments for 2019 are:

**Double Occupancy: February - \$120.00, March - \$120.00, Final Payment – April 7<sup>th</sup> - \$125.00.**  
**Single Occupancy: Payment of \$160.00 each as stated above for February, March and April.**

*Installment payments include your non-refundable deposit fee of \$30.*  
**All payments are due by April 7, 2019.**

**Method of Payment: Cash, Check or Money Order. Please make checks payable to Shiloh Baptist Church and include 'Women's Retreat 2019' on the memo line.**

**Online registration will be available starting February 3<sup>rd</sup> at [www.Shilohplainfield.org](http://www.Shilohplainfield.org) Installments will be available.**

**Cancellation policy: Cancellations will be assessed at \$60.00 cancellation fee. No refunds will be returned after April 7, 2019.**

For Women's Fellowship Registration Team's Use Only				
DEPOSIT RECEIVED ON: _____ AMOUNT: _____ ___CASH ___CHECK # _____ MO# _____ ON-LINE ___ RECEIVED BY: _____	FIRST PAYMENT RECEIVED ON: _____ AMOUNT: _____ ___CASH ___CHECK# _____ MO# _____ ON-INE ___ RECEIVED BY: _____	SECOND PAYMENT RECEIVED ON: _____ AMOUNT: _____ ___CASH ___CHECK# _____ MO# _____ ON-LINE ___ RECEIVED BY: _____	THIRD PAYMENT RECEIVED ON: _____ AMOUNT: _____ ___CASH ___CHECK # _____ MO# _____ ON-LINE ___ RECEIVED BY: _____	TOTAL AMOUNT RECEIVED BY 4/7/19  AMOUNT: _____
ASSIGNED ROOMMATES:				
ROOMMATE ASSIGNED	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX