



## REGISTRATION FORM FOR RETREATS

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

November 6-8, 2009 Women's Weekend Retreat

November 19, 2009 "Time Out" to Prepare Your Heart for Advent

### 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

Brochure/Mailing

Internet search

Word of mouth

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

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

650-328-8966 • [info@wellspringca.org](mailto:info@wellspringca.org)  
[www.wellspringca.org](http://www.wellspringca.org)