

Florida Conference United Methodist Men's

2012 Spiritual Retreats

Registration Form and Information

Name Last: _____ First (male) _____ First (female) _____

E-mail address: _____ (MAKE SURE E-MAIL ADDRESS IS LEGIBLE)

Mailing address: _____ Unit # _____

City: _____ ST: _____ ZIP: _____ Phone: _____

Name of Church: _____ City: _____

District: _____ Special Needs: [] First Floor Room [] Handicap Room

WEEKEND YOU ARE PLANNING TO ATTEND (PLEASE MAKE A 1ST & 2ND CHOICE)

() March 9-11, 2012

() March 23-25, 2012

COST: Life Enrichment Center w/meals \$298.00 per Couple

Family Campground w/meals \$202.00 per Couple

Family Campground (NO MEALS) \$114.00 per Couple

Saturday only /no meals \$82.00 per Couple - Saturday only With Lunch & Dinner \$120.00 per Couple

Check ___ Credit Card ___ MC ___ Visa ___ Card# _____ - _____ - _____ - _____ - Expiration Date: ___ / ___

MAKE CHECKS PAYABLE TO: UNITED METHODIST MEN AND MAIL TO:
P.O. Box 93370, Lakeland, FL 33804-3370

ADDITIONAL INFORMATION AND
REGISTRATION FORMS MAY BE
DOWNLOADED FROM OUR
WEB SITE www.ummflconf.org

OR CALL TOLL FREE: 877.815.369
The emergency phone number at the
LEC. is 352-787-0313.

SEND AT LEAST ONE-HALF OF THE TOTAL FEE WITH YOUR
REGISTRATION AS A DEPOSIT (FULL PAYMENT IS ENCOUR-
AGED). FULL PAYMENT MUST BE RECEIVED BY FEBRUARY 15,
2012. Reservations will be guaranteed only after full payment is re-
ceived.

IMPORTANT: WE URGE YOU TO GET YOUR RESERVATIONS IN
EARLY TO INSURE AVAILABILITY OF THE WEEKEND OF YOUR
CHOICE. NO REFUNDS can be made for cancellations within 15 days