

# Little Portion Retreat and Training Center Registration Form

RETREAT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

NAME: \_\_\_\_\_

NUMBER OF PERSONS: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Comments: (be sure to include any special needs):

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Registration for Scheduled Retreats cannot be reserved until we receive this registration form and a \$100 deposit per person.

Make checks payable to, "Little Portion Retreat & Training Center".

Mail payment and registration form to:

Little Portion Retreat & Training Center

Attn: Peggy Lodewkys, BSCD

171 Hummingbird Lane

Eureka Springs, AR 72632

or call to use your credit card for your deposit (479) 253-7379