

Location: The Lodge at Needle Rock
44474 Needle Rock Rd
Crawford, CO 81415 970-921-3003
Website: www.needlerocklodge.com
Email: sk@needlerocklodge.com

Date: July 31-Aug 2, 2020
Check-in Friday after 4:00 PM.
Check-out Sunday at 2:00 PM.

Meals: Meals included are Friday night dinner (5:30 PM), Saturday brunch & dinner, & Sunday brunch. Coffee & tea will be available. You may want to bring snacks/beverages for yourself, & to share during Saturday evening project.

Food allergies? Please make a note of any food allergies/special needs on the registration form.

What to Bring: Bible, pen, cheap scissors, flashlight, comfortable clothing, coat, walking shoes and/or boots, snacks, beverages.
Please do **not** bring alcoholic beverages.

Accommodations: *We will attempt to honor roommate preferences. Due to the number of women attending, you may have women in your room you do not know.*

5-star rustic log luxury, each room has its own private deck and bath. There is a large deck, hiking, biking, a near-by stream, and National Forest property with amazing views.

Make checks out to Arlene Stamy or Shannon Long
To register, return this *completed form and full or partial payment* to
Arlene Stamy 1113 Howard St Delta CO 81416

Questions? Ask your leader or contact Arlene: kangainfo@yandex.com 970-275-0597 (text/call)
Shannon (970-209-3947 text/call)



Registration Deadline: July 15
Full Registration Cost: \$195.00



Retain this portion of form for YOUR records.

I have paid: ___ **Deposit payment of \$100.00** by July 15 *OR* ___ **Full Payment of \$195.00**
I need to remember: **Remaining payments: \$95.00 by July 25**

NAME: _____

ADDRESS: _____

PHONE(S): _____

I have enclosed: cash for \$ _____ check for \$ _____

I attend(ed) class at _____

My leader is/was _____

Willing to share a bed? _____ Do you need a ground floor room? _____

Please list the names of your preferred roommates: _____

Food Allergies: _____

We will attempt to honor roommate and bed-sharing preferences. Due to room limitations, we may not be able to fully accommodate your wishes. Thanks for your understanding.

Retreat facilitated by Shannon Long, an experienced Healing Journey class / retreat facilitator.

(If you know of alumni interested in attending, feel free to copy this form for their use.)

Would you like to bless a sister by donating toward her costs? Please designate amount donated. Thank you.