



2017 Regional Family Spiritual Retreat Registration Form



Send completed form to: St. Nicholas Greek Orthodox Church
608 S. College Road, Wilmington, NC 28403
Registration Deadline: September 27, 2017

Last Name _____

First Names of all attendees (with ages for youth): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone (s): _____

Home Phone: _____

Email (s): _____

Package:

Complete Package: \$65.00 X Total Attendees _____ Includes all meals, lodging & most activities

Saturday Activities: \$15.00 X Total Attendees ____ Saturday Meal: \$5 X Total Attendees _____

Saturday Dinner: \$10 x Total Attendees _____

Total Due: _____

Make checks payable to: St. Nicholas Greek Orthodox (memo indicate: Spiritual Retreat 2017)

Office use only

Date: _____

Family Name: _____

Total Amount Received: _____

Cash _____ Check # _____ Credit _____