**ALL-MEETING RETREAT**

 **At Odds:**

**Listening Our Way Through Conflict**

# WHEN? March 15 – 17, 2019 (Part-time attendance permitted)

**WHERE? Notre Dame Spiritual Center - Alfred, Maine**

**WHO? All ages - individuals, families & couples**

A retreat for sharing fellowship, worship, learning, and relaxation

 Both a children’s program and childcare will be provided.

Fees (sliding scale) – Adults $135 - $185 (Standard Rate of $160) for the weekend

 Children – $0 - $75

 **Some scholarship aid is available, please ask.**

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**Registration Form**

 **REGISTRATION DEADLINE: SUNDAY, MARCH 3** □ – 1ST time attending

Name of Adult(s) Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) & Age(s) of Children Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing** \_\_\_ Staying Fri night \_\_\_ Staying Sat night

Roommate request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meals** (check all dining hall meals you plan to eat): \_\_ Sat breakfast \_\_ Sat lunch \_\_ Sat Supper

 \_\_ Sun breakfast \_\_ Sun lunch

 Special Dietary issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rides**: □ Needed □ Offered (\_\_\_ # can take)

What time are you leaving and from where?

(We will send this information to the group so that you may coordinate rides.)

**Payment:** ***Make checks payable to: Friends Meeting at Cambridge. Put “Retreat” in the memo field.***

Donation toward scholarship: $\_\_\_\_\_\_\_\_\_\_\_\_

Please consider paying at least what you would ordinarily pay for a weekend’s meals and entertainment.

Scholarship amount requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL OF CHECK PAID:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions: Contact Holly Lapp at fellowship@fmcquaker.org**