

Flying Geese Group



Together ...



... We Do it!

One Day at a time!

Northwest Oaks Group



Women's Retreat ~ June 21st - June 23rd, 2019

Location:

- Lorado Taft NIU Campus
- 1414 N. River Road Oregon, IL 61061

Time:

- Check-in: Friday 4:30 – 6:30 p.m.
- Checkout: Sunday 11:00

What to Expect:

- Dormitory style lodging
- Located on the Rock River
- Meals – Friday evening thru Sunday morning (fabulous food, coffee, cinnamon rolls)
- Speakers
- Panel Discussions
- Break-out Groups
- Crafts
- The beautiful outdoors
- Fun and friends
- Cost: \$110.00 for food and lodging
- Registration/Scholarship Contact: Diane O. 815-355-1107
- NO refunds or cancellations after Friday, June 14th
- Deadline for registration is Friday, June 14, 2019
- Retreat Chair: Lynn B. 815-382-1778

Cut and return below, map is printed on the back.

Full name _____ Preferred first name for tag: _____

Telephone (____) _____ Email (required) _____

Special dietary or physical needs: _____

Are you willing to **VOLUNTEER**? YES First year attendee: YES or NO (circle one)

Payment method: Cash \$ _____ Check/money order Check # _____ \$ _____

- Make your check payable to: **Flying Geese Group**

Are you seeking a partial scholarship? YES

COMPLETE REVERSE SIDE OF FORM

T-Shirt Purchase \$20 (circle one) YES or NO (circle one) \$ _____

- Size (circle one): S M L XL 2XL 3XL

- Money raised from t-shirts sales goes to Scholarship Fund for next year's retreat

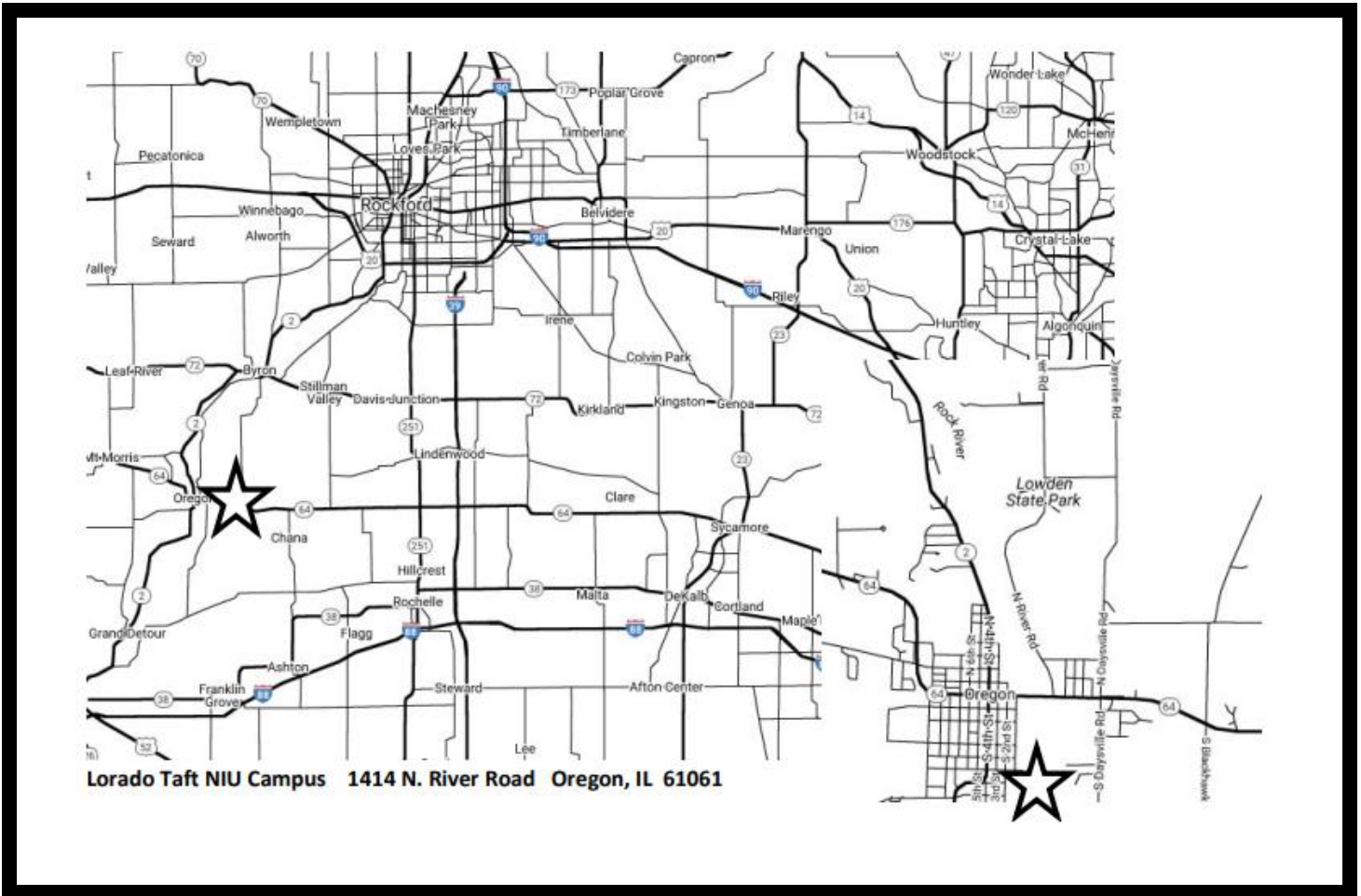
Scholarship donation amount, if you so desire \$ _____

Partial payments accepted. Total paid \$ _____

Return completed registration forms to Diane O. Call 815-355-1107 for mailing address.

By registering, you agree that for yourself and anyone entitled to act on your behalf, you release and discharge the Women's Flying Geese Group and Lorado Taft Field Campus, their staff, and volunteers from all claims in any manner arising from participation in this event.

1414 N. River Road Oregon, IL 61061



Cut and return below

Scholarship Request

Full name _____

Amount Requested: \$ _____

(Limited number available, up to 50% of fee)

Reason for request: _____

Partial payments accepted.

Payment Date: _____

Amount Paid: \$ _____

Payment Date: _____

Amount Paid: \$ _____

Payment Date: _____

Amount Paid: \$ _____

Total paid: \$ _____

Return completed registration forms to Diane O. Call 815-355-1107 for mailing address.

Questions Contact: Diane O. 815-355-1107 or Lynn B. 815-382-1778