



**THRIVE RETREAT AUGUST 16-18, 2024**



**CAMP HEBRON, HALIFAX, PA**

**ROOMIE #1** NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DEPOSIT N/R: **\$75.00** FEE IN FULL **\$175.00** BALANCE DUE \$ \_\_\_\_\_

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

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

DIETARY RESTRICTION: \_\_\_\_\_

**ROOMIE #2** NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DEPOSIT N/R: **\$75.00** FEE IN FULL **\$175.00** BALANCE DUE \$ \_\_\_\_\_

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

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

DIETARY RESTRICTION: \_\_\_\_\_

**ROOMIE #3** NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DEPOSIT N/R: **\$75.00** FEE IN FULL **\$175.00** BALANCE DUE \$ \_\_\_\_\_

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

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

DIETARY RESTRICTION: \_\_\_\_\_

**ROOMIE #4** NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DEPOSIT N/R: **\$75.00** FEE IN FULL **\$175.00** BALANCE DUE \$ \_\_\_\_\_

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

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

DIETARY RESTRICTION: \_\_\_\_\_

**COMPLETE ALL ROOMMATE INFORMATION BEFORE SUBMITTING FORM.**

**EACH ATTENDEE MUST INCLUDE A NON-REFUNDABLE DEPOSIT OF \$75 WHEN REGISTERING  
BALANCE DUE BY JULY 15, 2024**

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**Mail completed form to: Jodie Vasbinder, PO Box 55, Hillsdale, PA 15746**

**Include payment by check written to 'ABWMOPAD'**