

SENIOR ADULT RETREAT APPLICATION

May 14-16, 2010

Name _____ M [] F []; Birthdate _____; Age _____

Address _____; City _____; State _____; Zip _____

Marital Status _____; Home Phone () _____

In case of an emergency contact: _____; Phone () _____

I certify that all the information on this application is accurate to the best of my knowledge. I understand in signing this application, that I am agreeing to abide by the policies of the Retreat as set forth by the director and staff.

Attendee Signature _____; Date _____

Make checks payable to: New Horizons Church, 2349 Main Street, Washougal, WA. Mail application and \$10 deposit to: Rainier Camina, 769 – 9th St., Washougal, WA 98671.

For more information call, Retreat Director, James Cabales, (360) 834-3742; Cell (360) 521-7581 or e-mail, jjcabales@hughes.net.

Retreat Director, James Cabales, 23523 NE Weakley Road, Camas, WA 98607