

Registration Form for CT Spring Retreat
Berlin Resort
May 4-6, 2018

Name _____ Phone Number _____

Email address _____

Name of Roommate _____ Or assign me one _____

Note: single room costs an additional \$102.00

Do you need a handicapped accessible room? _____

Please specify any accommodations you request: _____

Do you want gluten free pizza ordered for you on Friday evening?

Total due for double occupancy = \$150 per person

Amount paid: _____ Check number _____ Or cash

No refunds after April 1, 2018 unless the retreat is cancelled, or your transferable registration is transferred to a CT member who will substitute for you and who is acceptable to your roommate.