

REGISTRATION INFORMATION

Taste & See Retreat | October 15-17, 2010

Dear Retreat Participant,

Thank you for your interest in the “Taste and See” Retreat. You will experience and abundant weekend of feasting on God’s good gifts of food, fellowship and inspired teaching from the Bible. **The registration deadline is October 1st, 2010. Completed registration form and fees must be received by this deadline to ensure your spot.**

Please note that space is limited, so you may want to register as soon as possible.

Please make checks payable to: **“Cal-Pac Camps”**

You can send the completed registration form and payment to:

**Samuel Yun
c/o Cal-Pac Camps
PO Box 6006
110 South Euclid Avenue
Pasadena, CA 91102-6006**

COST

\$250 per person which includes lodging, meals and program materials. (\$50 late fee applied if registering after the deadline.)

CANCELLATION POLICY

All requests for cancellations and refunds are subject to a \$50 charge when notification is received prior to Wednesday, October 6th, by calling Samuel Yun @ 626.568.7332.

ARRIVAL & DEPARTURE

Arrival: Our program will begin on Friday, October 15th. Registration is from 4 to 6 PM. Program will begin at 6 PM with dinner.

Departure: The program will officially end at 11:00 AM, Sunday, October 17th.

DIRECTIONS TO ALDERSGATE RETREAT & CULTURAL CENTER

Aldersgate Retreat & Cultural Center is located 925 Haverford Avenue, Pacific Palisades, CA between Santa Monica and Malibu.

Directions traveling from the south or west:

- Take the 405 freeway north to the 10 freeway west
- 10 west to Hwy 1 (Pacific Coast Hwy) north
- Turn right on Temescal Canyon Road
- Turn right on Haverford Ave. (just before Sunset Blvd.)
- It's the second building on your right: 925 Haverford Ave.

Directions traveling from the north:

- Take the 405 freeway south to the 10 freeway west
- 10 west to Hwy 1 (Pacific Coast Hwy) north
- Turn right on Temescal Canyon Road
- Turn right on Haverford Ave. (just before Sunset Blvd.)
- It's the second building on your right: 925 Haverford Ave.

REGISTRATION & WAIVER FORM

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Please **PRINT CLEARLY** in **INK**.

FULL NAME:

PLEASE CIRCLE ONE: Male Female

PLEASE CIRCLE ONE: Clergy Laity

ADDRESS:

City State Zip

EMAIL:

EXPECTED ARRIVAL DAY & TIME:

DIETARY NEEDS:

MEDICAL CONDITIONS OR OTHER
SPECIAL NEEDS WE NEED TO BE AWARE
OF:

DAYTIME PHONE #: _____

EVENING PHONE #: _____

CELL PHONE #: _____

CHURCH: _____

MEDICAL TREATMENT & LIABILITY RELEASE

I,

(Participant's Name)

do hereby authorize *bona fide* officials of the Cal-Pac Camps program, as agents of the undersigned, to consent to x-rays, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be rendered under the provision of the Medical Practice Act by the medical staff of a licensed hospital, where such diagnosis or treatment is rendered at the office of said physician or at said hospital. The authorization shall be in effect for the dates of this retreat. A photocopy or other reproduction of this authorization shall be considered as an original.

In addition, in no event will The United Methodist Church, its officers or leaders, counselors or agents, be held liable for any accident which may cause injury or death to aforementioned participant.

Signature of Participant