

DAUGHTERS OF DECISION

2019 RETREAT REGISTRATION FORM

Friday May 17th - Saturday May 18th, 2019

PART I: INFORMATION

Mother's Name:

Daughters' Names & Ages:

Nursing Baby's Name (if applicable):

Grandmother's Name (if applicable):

New Attendees

Share with us how you heard about the retreat. Do you know someone else who is attending? If so, please include their name!

Home Address:

Cell Phone: () _____ - _____

Email: _____

PART II: CALL, ENCLOSE AND MAIL

1. Call Carlisle Inn (855) 411-2275 to reserve your room.

2. Enclose your Registration check. \$15 per attendee with this form. ($\$15 \times \frac{\text{_____}}{\text{(# of attendees)}} = \frac{\text{_____}}{\text{(Total)}}$)
(Please make check payable to Daughters of Decision.)

3. Mail this form and your registration check to:

Daughters of Decision
7560 Andover Way
Hudson, OH. 44236

Please note: The registration fee is non-refundable.