

Women of Destiny ON CAMPUS 2010 Thursday – Saturday

Name: _____

Address: _____

Telephone: _____ Email: _____

Church: _____

Guarantee room by September 15, 2010.

After this date, you may check with **your** church to see if there are any more rooms available. **Each rate includes two nights lodging** (Thurs. & Fri.), **two breakfasts** (Fri. & Sat.), **one lunch** (Fri.), & **two dinners** (Thurs. & Fri.)
Deluxe rooms are limited, first come, first served basis.

ON CAMPUS THURSDAY – SATURDAY ROOM RATES:

Check the appropriate box below.

DORM ROOM – BUNK BEDS: \$83.00 PER PERSON

Six per room _____ Eight per room _____ Ten per room _____

Twelve per room _____ Fourteen per room _____ Twenty per room _____

MULTI-ROOM – BUNK BEDS/THREE OR FOUR PER ROOM:

_____ three per room - **\$91.00** _____ four per room - **\$83.00**

MULTI-ROOM – SHARING DOUBLE BEDS/THREE PER ROOM:

_____ three per room - Deluxe Rate - **\$98.00**

_____ three per room - Standard Rate - **\$91.00**

DOUBLE ROOM – TWO PER ROOM:

_____ Deluxe Rate - **\$115.00** _____ Standard Rate - **\$105.00**

SINGLE ROOM – ONE PER ROOM:

_____ Deluxe Rate - **\$171.00** _____ Standard Rate - **\$149.00**

****All rooms are on a first come, first served basis!**

Limited space is available. Specific hotel selections will not be honored.

Note:

- **AGE REQUIREMENT:** 18 YEARS AND OLDER
- ONLY NURSING BABIES ARE ALLOWED ON CAMPUS.
- NO ROOM, ROOMMATES OR LOCATION CHANGES AFTER **SEPTEMBER 15, 2010.**
- IF ANY CHANGES NEED TO BE MADE AFTER **SEPTEMBER 15, 2010**, THEY CAN BE DONE AT THE TIME OF REGISTRATION AT GLORIETA.

Refund Policy:

PRIOR TO SEPTEMBER 15 - NO PENALTY, ALL MONEY REFUNDED.

AFTER SEPTEMBER 15, NO REFUNDS FOR CANCELLATIONS OR NO SHOWS; HOWEVER, SUBSTITUTIONS ARE ALLOWED.

Reminder:

GLORIETA IS A SMOKE-FREE ENVIRONMENT.

Faith Christian Family Church reserves the right to make changes due to cancellations or changes necessitated by Glorieta.

Please write your preferred roommate on the line below. **YOU MUST CONFIRM WITH YOUR SELECTED ROOMMATE(S) BEFORE YOU WRITE HER NAME ON THIS FORM.**

Roommate's name:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

If you do not have a roommate preference or if you do not list a roommate, one will be assigned to you. **Multi-rooms must be filled.**