

# Print & Fill Out This Page and Return It to USCNI to Register.

## STEP INTO YOUR POWER

A Women's Retreat

Friday-Sunday / May 3-5, 2019  
\$175 - Five Meals and Two Nights Lodging  
At Camp N-Sid-Sen on Lake Coeur d'Alene.  
36395 Idaho 97, Harrison, ID 83833  
(208) 689-3489

### Event Registration

Registrant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone ( ) \_\_\_\_\_  
Secondary Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone ( ) \_\_\_\_\_  
Secondary Phone ( ) \_\_\_\_\_  
Email \_\_\_\_\_

#### Please mark all that apply.

I need a local ride to the retreat.  
 I'll eat just about anything.  
 I'm gluten free.  
 I'm dairy free.  
 I'm vegetarian.

I can offer a local ride to the retreat.  
 It's ok to distribute my contact info  
to other participants.  
 I have special medical needs.  
Please describe: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: For your protection, no alcohol, recreational drugs, firearms, or pets are allowed on the premises of this retreat. Thank You.**

Do you agree to comply with the statements above and to participate in and attend all sessions?

If you agree please add your signature on the line above.

**All registrations must be completed and PAID in FULL by April 1, 2019.**

**Make Checks Payable to:** Unity Spiritual Center of North Idaho (USCNI), 4465 N 15th Street, CDA ID 83815  
or you may pay online at [UnityCenter.org](http://UnityCenter.org) with a credit or debit card or by calling (208) 664-1125.

**Cancellation Policy:** Due to the contractual terms with Camp N Sid Sen, a full refund is available for cancellations received prior to March 1, 2019. For cancellations received prior to April 1, 2019 a fee of \$25 will be charged. Cancellation received from April 1 to April 15, 2019 receive a 50% refund. NO refunds for cancellations after April 15, 2019.

The deadline for registration and payment in FULL is April 15, 2019.

For office use only:

Date: \_\_\_\_\_ Payment: \_\_\_\_\_ Type: \_\_\_\_\_ Comments: \_\_\_\_\_  
Scholarship Contribution: \_\_\_\_\_ Comments: \_\_\_\_\_ Ints: \_\_\_\_\_