

# TRANSFORMED

June 7 & 8, 2024

University of Pitt Johnstown

PLEASE POSTMARK  
PAPER REGISTRATION BY:  
Monday, April 29

ALLIANCEWOMEN'S  
RETREAT 2024

This registration form should be completed by the church coordinator. Please PRINT clearly.

Church Name: \_\_\_\_\_

Retreat Coordinator: \_\_\_\_\_ Church Address: \_\_\_\_\_

Coordinator Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*\*Confirmation and all correspondence will be sent via e-mail unless otherwise noted. Please check your e-mail!*

## PAYMENT

Please mail **one check** or if registering online, make check payable to: **Western PA District of the CMA**

**MAIL TO:**  
Jeanne Glauser  
124 Valley View Drive, Butler, PA 16002

\*All Registrations are Transferrable, but Non-Refundable.

Name of Attendee: <i>(Attendees must be 16 years &amp; older.)</i>	Overnight Double <i>(Includes Lodging &amp; Meals)</i>	Overnight Single <i>(Includes Lodging &amp; Meals)</i>	C&MA Pastors' Wives & Licensed Workers	C&MA IW's <i>(Active &amp; Retired)</i>	Daytime with Meals <i>(No lodging)</i>	Daytime without Meals <i>(No lodging)</i>	Gluten Free Meals Needed: <i>(Please Check Box)</i>	Are you under 18 years old? <i>(Please Check Box)</i>	Roommate • Name of Roommate • Or if you'd like to be matched up with a roommate.	Do you need an accessible room near the elevator?  Please check the box if so.	Friday Craft Activity: \$5  Please circle your preferred session time:
	\$135/ person	\$161/ person	\$125	Free	\$99/ person	\$60/ person					2 PM 3:30 PM
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Total Attending: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_ Total Participating in Craft: \_\_\_\_\_

QUESTIONS? Contact: [wparetreat@gmail.com](mailto:wparetreat@gmail.com) | For More Information: [alliancewomensretreat.com](http://alliancewomensretreat.com)