



BISHOP'S RETREAT REGISTRATION

1501 NW 24th St.
 Oklahoma City, OK 73106-3536
 (405)530-2035; (800)231-4166
 Fax: (405)530-2049

NOTE: Each retreat begins at 7 p.m. —no dinner is served that night and retreat ends at noon on closing day with no lunch served.

CHECK-IN IS FROM 6-7 p.m.
 FIRST LECTURE STARTS AT 7 p.m.

Register complete— only with full payment and a completed registration form
 1.0 CEU credits

First and Last Name: _____

Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Cell/Other Phone: (_____) _____ E-mail: _____

Church Name: _____

Roommate(s) Roommate registrations must be mailed together to be placed in the same room.

(1) _____ (2) _____

Check date selected	Date	Location	Code	Time
<input type="checkbox"/>	September 19-21, 2010	Canyon Camp	6101	7 p.m. to Noon
<input type="checkbox"/>	September 21-23, 2010	Cross Point Camp	6301	7 p.m. to Noon
<input type="checkbox"/>	September 23-25, 2010	Camp Egan	6201	7 p.m. to Noon

All prices include meals and are per person PRICE (clergy couples call for pricing)

Number your first 3 choices:

Hardt Lodge –Canyon Camp	\$112 per person (triple occupancy only)
Holliman Lodge–Camp Egan	\$112 per person (triple occupancy only)
Founders Home–Camp Egan	\$112 per person (triple occupancy only)
The Old Lodge–Camp Egan	\$100 per person (double occupancy)
ALL Cabins	\$87 per person
Off-site	\$48 per person

Special meal needs: _____

PAYMENT METHODS – By Credit Card: fill in the following information and enclose with your registration.
By Check: Make checks payable to "Oklahoma United Methodist Camps."
 VISA MASTERCARD DISCOVER

Expiration Date _____ Amount \$ _____
 Print Card Holder's Name _____ Card Holder's Signature _____
 Address: _____
 City _____ State _____ Zip _____
 Phone (_____) _____ E-mail _____