

Registration Form

Return copy to:
BERNIE BURKHARDT (414) 482-4620
TOPS Club, Inc.
P.O. Box 070360
Milwaukee, WI 53207-0360

(Please include self-addressed, stamped envelope)



Site: Benedict Inn Retreat & Conference Center
Location: Beech Grove, Indiana
Dates: June 4 – 6, 2010 (Weekend Retreat)
Website: www.benedictinn.org

A \$50.00 CANCELLATION FEE ON REGISTRATION REFUNDS WILL BE CHARGED

Please **TYPE** or **PRINT**

DATE _____

NAME _____ NAME FOR BADGE _____

ADDRESS _____

PHONE (____) _____ - _____ EMAIL: _____

CITY _____ PROV/ _____ POSTAL/ _____ STATE _____ ZIP CODE _____

REGISTRATION FEE \$175.00 U.S. Funds

Enclosed is **MONEY ORDER #** or **CHECK #** _____ payable to **TOPS Club, Inc.**
REGISTRATION INCLUDES LODGING, MEALS, and RETREAT ACTIVITIES

IN CASE OF EMERGENCY, CONTACT:

NAME _____ + _____

PHONE (____) _____ - _____ PHONE (____) _____ - _____

ADDRESS _____

CITY _____ PROV/ _____ POSTAL/ _____ STATE _____ ZIP CODE _____

Please share your **birth date:** _____ **Month** _____ **Day** _____
What is your Sleeping Schedule? _____ **Early to rise** _____ **Late to bed** _____

- Can you provide transportation for retreatants to/from site **YES** **NO**
- Are you Field Staff? **YES** **NO**
- Are you a KOPS? **YES** **NO**
- Is this your first retreat? **YES** **NO**
- Do you smoke? **YES** **NO**
- Can you climb stairs? **YES** **NO**

To attend retreat, you must be able to walk two city blocks unassisted. You must be able to take care of your own personal needs. If you have either of these challenges, you are responsible to provide your own transportation and/or a "caregiver" to assist you. The "caregiver" will be charged the retreat fee. If you have any other SPECIAL NEED or DISABILITY that has a special requirement, please note on back of this form. Retreat Director will review and advise you as to our ability to accommodate it.

Benedict Inn Retreat & Conference Center, TOPS Club, Inc. & Cynthia Mack, Retreat Director, are not liable for accidents, injury or illness that may occur or for any loss of, or damage to, personal effects. Each retreatant is liable for his/her own medical expenses.

I HAVE READ AND SHALL ABIDE BY ALL RETREAT RULES

SIGNATURE: _____ TOPS Membership # _____

My Coordinator _____ My Chapter is TOPS _____, _____