

# 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: Serra Retreat Center**  
**Location: Malibu, California**  
**Dates: December 7 – 11, 2009 CHANGE OF DATES (MONDAY-FRIDAY)**  
**Website: [www.serraretreat.com](http://www.serraretreat.com)**

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

## MUST BE ABLE TO CLIMB STAIRS FOR THIS RETREAT

Please TYPE or PRINT

DATE \_\_\_\_\_

NAME \_\_\_\_\_ NAME FOR BADGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY \_\_\_\_\_ PROV/ \_\_\_\_\_ POSTAL/ \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

### REGISTRATION FEE \$384.00 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 \_\_\_\_\_

Are you willing to provide transportation for retreatants if needed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you a KOPS? \_\_\_\_\_ YES \_\_\_\_\_ NO Is this your first retreat? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you Field Staff? \_\_\_\_\_ YES \_\_\_\_\_ NO Room Temp? Cold \_\_\_\_\_ Warm \_\_\_\_\_ Normal \_\_\_\_\_

Please share your birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your Sleeping Schedule? \_\_\_ Early to bed \_\_\_ Early to rise \_\_\_ Late to bed \_\_\_ Late to rise

➔ To take more retreatants, would you be willing to do stairs to bedroom? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you have any SPECIAL NEED or DISABILITY that has a special requirement, please note on bottom of form. 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 transportation and/or a "caregiver" to assist you. The Caregiver will be charged the retreat fee.**

Serra Retreat Center, TOPS Club, Inc. & Terri Ord, 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 Member # \_\_\_\_\_

My Coordinator \_\_\_\_\_ My Chapter is TOPS # \_\_\_\_\_, \_\_\_\_\_