



**Temple Beth Shalom
Congregational Retreat
at Quail Hollow Resort**

**"Pursuing Justice"
January 17-18, 2015
Shabbat Tzedek/MLK Weekend**

Registration Form

Adult Name(s): _____ will attend the Overnight
Congregational Retreat January 17-18, 2015.

Name(s) & Age(s) of Child(ren) Attending: _____

Address: _____

Phone: _____ Email: _____

Any special medical, dietary or food allergy needs we should be aware of: _____

____ Please check here if you are interested in receiving information about an
optional Friday night stay (at additional cost).

**Registration Deadline is December 7, 2014
Register by November 23, 2014 for Early Bird Rates**

Amount Enclosed (please make check payable to Temple Beth Shalom):

_____ Adults @ \$50/\$55 (after 11/23) \$ _____

_____ Single-occupancy adult @ \$75/\$80 (after 11/23) \$ _____

_____ Children under 12 @ \$35/\$40 (after 11/23) \$ _____

or Family cap @ \$180 \$ _____

**Fees include: one (1) guest room per family; four (4) meals per person;
all snacks; educational and recreational programming.**

Additional Guest Room @ \$85 \$ _____

Additional Donation \$ _____

Total \$ _____

To pay by credit card, please complete the following:

I (print name) _____ authorize Temple Beth Shalom to charge
my Visa/Mastercard (circle one) in the amount of \$ _____.

Credit Card # _____

CVV#: _____ Expiration Date: _____

Name as it Appears on Card: _____

Billing Address for Card: _____

Signature: _____ Date: _____