

WOMEN'S INSTITUTE at CAMP MITCHELL

June 1-3, 2007

Registration Form

(please print clearly)

Name _____

Address _____

City, State, Zip Code _____ Parish _____

Phone _____ Email _____

Overnight Registration and Housing *Indicate first and second choice by 1 and 2*
(*Linens include towels, blankets, pillows, and sheets.)

Linens* Provided \$150

__ Grace Lodge

__ Canterbury

__ Darragh Cabin

__ Infirmary

__ Stone Cabin

Linens **NOT** Provided \$135

__ Howe Cabin

__ Log Cabin

__ St Andrews

__ Youth Cabin

__yes __no Will you attend Quiet Day and lunch on Friday, June 1, from
10am to 3pm? (*Holy Eucharist begins at 2pm.*)

Day Only Registration Friday: ____ with lunch, \$35; ____ with lunch and dinner, \$50

Saturday: ____ with lunch, \$35; ____ with lunch and dinner, \$50

__yes __no Will you have special needs such as dietary, physical
limitations, baby sitting (*available Saturday only*), or other?

If yes, please specify _____

__yes __no This is my first time to attend Women's Institute.

Meals Please indicate meals you plan to attend.

Friday: *Lunch* __yes __no, *Dinner* __yes __no

Saturday: *Breakfast* __yes __no, *Lunch* __yes __no, *Dinner* __yes __no

Sunday: *Light Breakfast* __yes __no, *Brunch* __yes __no

T-Shirts, \$15 S-XL and \$16 2X-3X. Order by May 11. Include payment with registration.

Circle choice: azalea __, light blue __, jade __, chocolate __

Check size: small __ medium __ large __ x-large __ xx-large __ xxx-large __

Return completed registration form with check made payable to **Episcopal Church Women**
to **Sylvia Ross, P.O. Box 22602, Hot Springs, Arkansas 71903.** (Telephone: 501-318-7226;
E-mail: sross02@yahoo.com)

Fees are not refundable after May 11.