# 2009 Women's Spring Fitness Retreat

# Registration Form

**Christmount Christian Retreat Center**

**Black Mountain, NC**

**May 1st - May 3rd**

**Date Of Registration:** _____

**Name:** _____

**Address:**

_____

**Phone: (H)**_____**(W)**_____**(C)**_____

**Email:** _____

**Rate your fitness level: beginner intermediate advanced**

**Emergency Contact:** _____

**Emergency Phone (H)**_____**(W)**_____**(C)**_____

**For more information, contact Candace Risch at 993-6226 or Candacer@fccministries.com**

**Price: $220 per person (Before March 1) $250 (March 2nd - April 10th)**

**Payment is due in full before price is locked in and space is reserved.**

********** Information below to be completed by FLC representative **********

**Payment: Amount** _____ **: Cash** _____ **Check (payable to FLC) #**_____

**Credit Card Visa ( ) Mastercard ( )**

**Account #** _____ **Exp date** ___/___

**Name as it appears on card** _____