

INFORMATION & ENROLMENT FORM FOR LWSA RETREAT 2014

WHERE: Australian Lutheran College, Enter Ward Street, North Adelaide
 (All sessions to be held in the **Air-conditioned Student Centre** – Sunday's closing Service in the Chapel at 1.30pm, Closure 3pm. **Husbands are welcome to attend.**)

THEME: **FINDING BALANCE IN LIFE – WHO YOU ARE IS EVERYTHING**
WHEN: 17th – 19th January, 2014 **RETREAT CHAPLAIN:** *Stephen Trautwein*

FEES: Full Time: \$85.00 (includes \$5 Administration)
Part Time: Bed \$15.00 per night; Breakfast \$6.00; Lunch \$8.00
 Dinner \$12.00; Fruit Breaks \$3.00; Supper \$3.00;
***** plus \$5.00 Administration *****

PLEASE BRING: Bible, Writing material, Bed linen, Towel, Walking Shoes Water Bottle
 a fan if very hot. Christian Book Shop available to buy Books and Gifts.
 A jar of jam for the College Kitchen.
Song Books and Hymn Books will be supplied
 Some extra blankets, pillows and sheets will be available if required.

Registration: Friday from 3.30 to 5.00pm thereafter in the Student Centre.

ALL ENROLMENTS full or part time, **must be received by 8th January 2014**
 (Please enrol by 8/01/14 for catering purposes. Late enrolments may be too late.)
 Send your deposit of \$5.00 or payment in full to:
Treasurer, Mrs Christa Dahms
10 Whitbread Ave
Klemzig SA 5087
 Phone: 82612034

All cheques to be made out to: **LWSA RETREAT COMMITTEE** (deposit is non-refundable)

Emergency No's at ALC Liz 0448711739
Please retain this section for your information

✂ ----- *Return this section*

ENROLMENT FORM - LWSA RETREAT 2014

Please fill in and post with Full Payment - or - Deposit to:

Treasurer: Mrs Christa Dahms, 10 Whitbread Ave Klemzig SA 5087 (dahms@adam.com.au)

Surname: Christian Name:

Address:

Phone: Home Congregation:

I WILL BE ATTENDING:

FULL TIME: YES/NO (Please Circle) **Full Time Cost:** (incl \$5 Admin Fee) **85.00**

Please Specify if you require ground floor accommodation: YES/NO (Please Circle) =====

Medical Reasons / or other

PART TIME ONLY: Please circle you requirements

FRIDAY: Dinner Supper Bed **Friday Cost:** _____

SATURDAY:
 Breakfast Fruit Break Lunch Fruit Break
 Dinner Supper Bed **Saturday Cost:** _____

SUNDAY: Breakfast Fruit Break Lunch **Sunday Cost:** _____

Administration Fee: 5.00

Signed: Date: (Donation) _____

TOTAL COST: _____