



Ultimate Ultreya!



Rekindle Your Fire  Reflect Jesus Christ

Name _____ Male _____ Female _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (H) _____ (C) _____ Email _____

Weekend # of the Pilgrimage you attended _____ Table of _____

Do you have any medical needs retreat leaders should know about? Yes _____ No _____ (use back of form if needed)

Allergies _____ Medical Equipment _____

Snoring _____ Need for Medicine reminders? _____

Do you use a CPAP? _____ Are you a light sleeper? _____

Dietary Requirements or Restrictions _____

****EMERGENCY CONTACTS:**

1. Primary: Name _____

Phone (H) _____ (C) _____

2. Alternate: Name _____

Phone (H) _____ (C) _____

If possible, I would like to room with (married couples will be allowed to room together):

Your signature _____ Date _____

This registration, including registration fee of \$160, should be sent directly to the Registrar:

Darlene Grandia
6 West Orchard Avenue
Council Bluffs, IA 51503

For additional information contact:

Carolyn Ernst	Tami Brennan
402-212-7602	402-657-9009
ernstsc@cox.net	steventamib@gmail.com