

# Senior Adult Retreat Sept. 21st-23rd, 2021

Registration begins at 10:00 AM

(location: Cafeteria)

**Location:** (do not send mail to this address)

Signal Mtn. Campground

4400 Hassler Road

Signal Mtn., TN 37377

(If you have questions, call Phyllis 423/498-3366 or

Email: [phyllisabewley@gmail.com](mailto:phyllisabewley@gmail.com))

**Retreat Fees: \$75 or \$25 deposit with application is due by September 3rd (\$90 after deadline date)**

## Information:

Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Circle T-Shirt size: Sm Med Lg XLg 2X 3X 4 X

Spouse Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Circle T-Shirt size: Sm Med Lg XLg 2X 3X 4 X

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (home or cell)

Church: \_\_\_\_\_

## Housing:

List any physical handicaps or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ It is **NOT** necessary that I room with my spouse.

\_\_\_\_\_ It **IS** necessary that I room with my spouse.

\_\_\_\_\_ I **will be** bringing an RV (no room needed).

**Note:** Rooms in the Adm. Bldg. will be assigned **FIRST** according to those who have physical or medical conditions.

**I would like to room with the following persons:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Talent Fees: \$10 per Entry (non refundable) by 9/1/18

\_\_\_\_\_ I would like to compete in the Talent

\_\_\_\_\_ My spouse would like to compete

### Creative Writing

\_\_\_\_\_ Poetry \_\_\_\_\_ Short Story

We must receive a copy of the poem or short story no later than September 1st for judging prior to Retreat.

### Creative Art

Embroidery/Needlepoint/Cross-stitch/Applique \_\_\_\_\_

Crochet/Knitting/Weaving \_\_\_\_\_ Handcraft \_\_\_\_\_

Quilting \_\_\_\_\_ Dry Media \_\_\_\_\_ Oil/Acrylic Painting \_\_\_\_\_

Photography \_\_\_\_\_ Sculpture/Carving \_\_\_\_\_

Wet Media Painting \_\_\_\_\_ Woodwork \_\_\_\_\_

### Musical Vocal

Vocal Solo (Female) \_\_\_\_\_ Vocal Solo (Male) \_\_\_\_\_

### Musical Instrumental

Instrumental Solo (keyboard) \_\_\_\_\_

Instrument \_\_\_\_\_ (specify)

Vocal Ensemble (2-12) \_\_\_\_\_ Choir (13+ members) \_\_\_\_\_

Return application (with Medical form) to:  
Church of God State Office (attn. Phyllis)  
7428 Old Lee Hwy., Chattanooga, TN 37421

**(Make checks payable to: Church of God State Fund)**

I have enclosed my check for: \$25 or \$50 couple \_\_\_\_\_

I have paid the full amount of: \$75 or \$150/couple \_\_\_\_\_

I have enclosed talent entry fees: \$10 per entry: \_\_\_\_\_

**For office use only:**

**Rec'd** \_\_\_\_\_ **Amt.** \_\_\_\_\_ **Ck. #** \_\_\_\_\_

**Amt. Due:** \_\_\_\_\_ **Rec'd by:** \_\_\_\_\_