

Mail completed registration form and deposit to:
Crestfield Camp and Conference Center
195 Taggart Road
Slippery Rock, PA 16057
724-794-4022



Women's Retreat Registration Form

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Email: _____

Church: _____

Church Address: _____

Number of people registering: _____

Names of people registering: _____

Lodging Option: (please circle)

Scott Lodge: two nights - \$100/person one night - \$65/person

Main Lodge: two nights - \$75/person one night - \$50/person

_____ I would like a Single room _____ I would like a Triple room

Roommate Choice: _____

A 20% non-refundable deposit is due with registration. Total to charge: _____

MasterCard and Visa accepted: Credit Card Type: _____

Credit Card #: _____ Expir Date: _____

_____ I am interested in information on the optional activities (options, cost, etc)