

ROOM OPTIONS – ROOM RESERVATION DEADLINE: JUNE 20, 2009 (All rooms are non-smoking)

(FOR SOUTH GEORGIA CONFERENCE SCHOOL OF CHRISTIAN MISSION JULY 16 – 19, 2009)

CLIP AND MAIL TO EPWORTH BY THE SEA; P.O. BOX 20407; ST. SIMONS ISLAND, GA 31522 912-638-8688

Rates per person for THREE nights lodging, nine meals and tax (Circle your choice)

	<u>Pitts/Booth</u>	<u>Robertson Inn</u>	<u>Abbott Turner Lodge</u>
Single	\$275.16	\$309.24	\$336.48
Double	\$183.12	\$207.00	\$234.24
Triple	\$169.47	\$193.25	\$220.62
Quad	\$162.66	\$186.54	\$196.74

Cabin - \$114.06 per **youth** (Bring sheets, blankets, towels and pillow) **Cabins are available for youth only.**
Children staying in room: \$47.28 per child, \$111.57 per teen.

Meals available for those not staying overnight - Breakfast \$7.61, Lunch \$10.86, Dinner \$11.96 (child 3-12 yrs. Old-1/2 price)

Please include full payment with registration. Make check payable to Epworth By The Sea.

You may use Visa or Master Card () Visa number _____ Expiration date _____
() Master Card Number _____ Expiration date _____

Nonrefundable, but transferable. Cancellation received prior to **June 20, 2009** will receive full refund. Cancellations received **June 20 – July 13** forfeit \$20.00 per person. After **July 13**, forfeit first night charges. (Reservations are transferable.)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **PHONE#** _____

ARRIVAL DATE: _____ **DEPARTURE DATE:** _____ **EMAIL** _____

SPECIAL REQUESTS IF APPLICABLE: _____

ROOMMATES: _____ **SEPARATE FORM FOR EACH PERSON**

CHECK IN 4 PM CHECK OUT 11:30 AM
CLIP AND MAIL Top part to Epworth By The Sea

SCHOOL OF CHRISTIAN MISSION

For insurance purposes, please complete a form for each person: adult or child

Please Register prior to June 20, 2009

Registration/Insurance Fee: \$25.00 After June 20: \$35.00

Day students must register. Registration does not include meals.

MAKE CHECK PAYABLE TO **UNITED METHODIST WOMEN**

CLIP AND MAIL TO REGISTRAR: Diann Beasley, Registrar 236 McLaws Rd. Guyton, GA 31312

Phone: 912-772-3342 Email: debshudais@planters.net

Name _____

Mailing Address _____

District _____ Church _____

Phone number _____

Email address _____

Nursery facilities needed? Yes ___ No ___

If "YES," give age of child(ren) _____ (Nursery provided during school sessions)

Planned study and activities for 1st-6th grade - Please list upcoming grade of child _____

Register early for the study of your choice. Registrants are randomly placed in classes

Registrations are nonrefundable, but transferable.

CHOICE OF 1 ADULT STUDY:

- _____ Sudan
- _____ Native American Survival
- _____ UMVIM Training
- _____ Basic Lay Speaker Training
- _____ Advanced Lay Speaker trng

(All adult groups participate in the Food & Faith Bible study)

Check if CEU's are desired _____

CHILDREN'S STUDY:

- _____ Rising Grades 1-3
- _____ Rising Grades 4-6

YOUTH STUDY:

- _____ Rising Grades 7-12

Please submit above information for each person.