



Registration Form
American Legion Department of PA Women's Retreat
April 5-7, 2024
White Sulphur Springs, PA
NO ALCOHOL/SMOKING IN DESIGNATED AREA ONLY

First Name		Last Name		
Address		City	State	Zip
Contact Phone Number		Landline or Mobile		Email
Legion Post Member? Yes or No	Post	City		State

Lodging Accommodations (5 meals included with lodging):
 Shared Room \$97.00 Roommate Request: _____
 If necessary, are you able to sleep on the Top Bunk – Yes or No
 Limited Availability of Single and Handicap Rooms. Please only select single if absolutely necessary.
 Single Room \$127.00 Require Handicap Room – Yes or No

Food Allergies:	Special Menu Requested Circle if applicable - gluten-free, dairy-free, egg-free, vegetarian, vegan. Add Special Menu Fee \$25 below
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Planning to arrive (Retreat check in Friday 4pm) Friday Evening Saturday Morning	Will you want lunch on Sunday (12:30pm) prior to your departure? Yes or No Add \$18 below
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Circle activities you would like to participate during retreat (cost may be extra):
Zip Lining \$20 add this to registration cost below.
Horseback Riding Pay day of event weather permitting \$45-\$80 depending on # of riders.
Archery – No fee. If you have archery equipment, please bring.
Shooting Range – No fee. If you bring firearm(s), they must have gun locks and be properly secured when not in use. Must pick up brass.
Activities at no cost – Crafts, Yoga, Hiking, Campfire.

Send Registration Form, Release Form, and payment to: Johna McCormick 210 N Centre St Philipsburg, PA 16866 Make Check Payable to: American Legion Department of PA Memo Line of check – Women's Veterans Committee or WVC	Total Cost of Retreat	Insert \$
	Lodging/Meals enter \$97 or \$127	
	Special Menu Fee add \$25	+
	Lunch on Sunday add \$18	+
	Zip Line Activity Fee add \$20	+
	Total Fees to be paid with registration	\$

I understand that no refunds will be provided if cancellation is within 14 days (March 22, 2024) from the start of retreat. I will contact Johna McCormick at Cell 910-584-0124 or jlomcco68@yahoo.com to notify my cancellation.
******Bring copies of photos of yourself while you served in the military, if available.**

Participant Signature:	Date:
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Registration received by:	Amount Received:	Date:
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