

**New Mount Olive Baptist Church
4412 Washington Blvd
Wilmington, DE 19802**

**2020 Women's Retreat Registration
March 27-29, 2020**

Contact Information

Name:

Address: **City:**

State: **Zip:** **E-mail:**

Home Phone: **Cell Phone:** **Marital Status:** **Married** **Single**

Church Home:

Emergency Contact & Phone:

Accommodations

Room Preference: Single Double Triple Quad Five Six

Roommate Requests:

- Roommate Request #1
- Roommate Request #2
- Roommate Request #3
- Roommate Request #4
- Roommate Request #5
- Roommate Request #6

Special Needs

Other (Medical conditions, diet restrictions, food allergies, etc.) Please describe.

Will you be using the Church provided Transportation: Yes No

(Please circle size)
T- SHIRT SIZE: SMALL MEDIUM LARGE XL XXL XXXL XXXXL

Is it okay to use your photo in future marketing events? YES NO

Please return form to Sister Karen Johnson when complete or email to
nmobcwomenfellowship@gmail.com