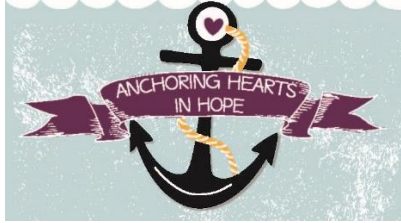


FILL OUT AND RETURN WITH PAYMENT/DEPOSIT TO:

Erin c/o VOG

4137 NORTH CALLE BARTINEZ - Tucson Arizona 85750 520-631-1408



Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ E-Mail: _____

Parish/Church: _____

Special Dietary or physical needs:

Payment in-Full for retreat only - no room: _____ \$195 (To be paid in full by May 25!)

Hotel room:

Single Room: \$164 - King Bed

Double Room: \$104 per person - 2 Queen Beds

Suite for 3: \$68 per person - 2 Queen Beds & Pull out couch

Suite for 4: \$52 per person - 2 Queen Beds & Pull Out couch

Name of Roommate(s):

Total Cost: \$195 (retreat) + _____ (room portion) = _____ Total due

Payment: _____ Deposit (\$50 minimum with balance due no later than May 25, 2017...no refund after May 1st · Please pay in full as soon as possible)

Check Amount: _____ Pay to: Vine of Grace Retreat Ministry

Visa or Mastercard Only (or use preferred payment plan - PayPal from website)

Card #: _____

Exp: _____ 3 digit # on Back: _____ Amount to charge : _____