

<b>For office use only</b> Form #: _____ Room #: _____ Co-Worker Signature: _____	<b>主恩堂 2018 年 退修會報名表</b> <b>2018 CCCNJ Family Retreat Registration Form</b> <b>From 05/26/2018 (Saturday) To 05/28/2018 (Monday)</b> <b>Marywood University, 2300 Adams Ave., Scranton, PA 18509</b> <a href="http://www.marywood.edu">www.marywood.edu</a>	<b>For office use only</b> Family Name: _____ Payment: Cash \$ _____ Check# _____ \$ _____ Date: _____
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<b>填表一家一份</b> <b>網上註冊(需先設立帳戶):</b> <b>報名登記於五月六日截止</b> <b>五月六日報名截止後不得退費</b>	<b>One form per family</b> <a href="https://cccnj.us/retreat">https://cccnj.us/retreat</a> <b>Early Registration ends on May 06, 2018 (First come first serve)</b> <b>No refund after May 06, 2018</b>
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兩晚七餐食宿費(住一晚收費相同; 不住宿, 僅用餐, 餐飲費請見\*\*) Same price for one night or two nights.

零歲至三歲	免 費	Age 0 to 3:	\$ 0.00 (Free)
四歲至六歲	每人 八十元	Age 4 to 6:	\$ 80.00 each person
七歲至成人	每人 一百四十元	Age 7 to Adult:	\$ 140.00 each person

**Single person room (limited, first come first serve) \$180.00.**

**Registration (after May 06, 2018): Age 4 to 6: \$90.00, Age 7 to Adult: \$160.00, Single person room \$200.00**

若願與家人或好友同一寢室. 請註明並一同註冊. 註冊請早否則室友無法保證如您所願 Please register together if you want to share a room with your family or friend, otherwise there is no guarantee for your request.

若您未滿十八歲. 請與家長或監護人一同註冊 (您的家長或監護人必須參加本次退修會) If you are under 18 years old, you have to register with your parent or guardian. Your parent or guardian must join this Retreat.

Medical Release Form is needed for person who is under 18 years old.

六歲以下沒有床位. 請自備睡袋與枕頭棉被 Child(ren) 6 years old and under have to stay with parent(s): no bed, please bring your own sleeping bag.

\*\*不住宿, 僅用餐 (No accommodation, meals only). 每頓早餐 (Each breakfast): **Age 0 to 3: Free; Age 4 to 6: \$4; Age 7 to Adult: \$8.** 每頓午餐或晚餐 (Each Lunch or dinner): **Age 0 to 3: Free; Age 4 to 6: \$6; Age 7 to Adult: \$12.**

電話 Tel.: (\_\_\_\_\_) \_\_\_\_\_ (Home/Work). (Mobile) (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

#	中文姓名	English Name LAST, FIRST (UPPERCASE)	性別 Gender M/F	組別 Program Code	團契小組 Cell group	食宿費 Fees				室友姓名 Roommate Name LAST, FIRST (UPPERCASE)
						B	L	D	Total	
1										
2										
3										
4										
5										

If your roommate is not on this form, please provide their information in "Special Request" section below.

**Total (食宿費) \$ \_\_\_\_\_**

**組別 Program Code:**

<b>N:</b> 托兒班 Nursery	<b>G3-5:</b> 3-5 年級 Grade3-5	<b>CO:</b> 大學生 College
<b>PK/K:</b> 學前班 Pre-K/Kindergarten	<b>G6-8:</b> 6-8 年級 Grade6-8	<b>AC:</b> 國台語堂&恩信教會 Mandarin, Taiwanese Congregation & FCC
<b>G1-2:</b> 1-2 年級 Grade 1-2	<b>HS:</b> 高中 High School	<b>AE:</b> 英語堂 English Congregation

**SC : Senior Citizen (ground floor room)**

**備註 Special Requests[ if you need ride, room for handicapped, roommate(s) not listed on this form etc..]:**