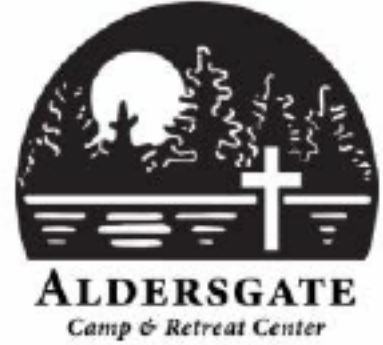


**Aldersgate Camp & Reterat Center**

Retreat Reservation Form



*To register, complete and send with payment to:*

Aldersgate Camp & Retreat Center  
7955 Brantingham Rd, Greig, NY 13345  
Fax: 315-418-4695 | Phone: 315-348-8833  
[office@aldersgateny.org](mailto:office@aldersgateny.org)

<p>Adult Participant #1 (Age 18+):  Name: _____  Home Phone: _____  Cell Phone: _____  Mailing Address: _____  _____  E-mail: _____  Birth-date: _____ Gender: M / F</p>	<p>Adult Participant #2 (Age 18+):  Name: _____  Home Phone: _____  Cell Phone: _____  Mailing Address: _____  _____  E-mail: _____  Birth-date: _____ Gender: M / F</p>
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Retreat Title: \_\_\_\_\_

Retreat Dates: \_\_\_\_\_

Please note any special requests (housing considerations, mobility concerns, special diet)

\_\_\_\_\_  
\_\_\_\_\_

\* Full refunds will be issued only in cases of medical concern or a death in the family which prohibits attendance. Cancellations for other reasons will result in the loss of the deposit. No refund is offered for cancellations within two weeks of the start of the weekend and any remaining balance will be due in full as per CRM policy.

\* For questions regarding registration, schedules, or refunds, please contact the Aldersgate office at 315-348-8833 or by email at [office@aldersgateny.org](mailto:office@aldersgateny.org).

\* If paying by Credit Card, payment will be taken at time of arrival.