

# Virginia Ladies' Getaway



*"Jesus is my King"*

**Park Vista Hotel  
Gatlinburg,**

**Tennessee**

**April 24 - 26, 2015**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Total Cost Per Person:**

4 in Room \$199.00 Each

3 in Room \$219.00 Each

2 in Room \$249.00 Each

Person(s) you wish to room with:  
\_\_\_\_\_

**Specify Room Preference:**

4 in Room \_\_\_\_\_

3 in Room \_\_\_\_\_

2 in Room \_\_\_\_\_

DEPOSIT OF \$75.00 DUE FEBRUARY 1<sup>ST</sup>, FULL PAYMENT DUE APRIL 1<sup>ST</sup>. LATE FEE OF \$25.00 WILL BE ASSESSED TO ALL APPLICATIONS POSTMARKED AND/OR RECEIVED AFTER APRIL 1<sup>ST</sup>. FINAL CANCELLATION DATES IS APRIL 1, 2015. (\$50 NONREFUNDABLE). No Children Allowed.

Medical Date: Insurance Company: \_\_\_\_\_ Company Address: \_\_\_\_\_

Policy # \_\_\_\_\_ Emergency Contact(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Please list ANY medical problems or unusual blood type: \_\_\_\_\_

Allergic Reactions: \_\_\_\_\_ Special Needs: \_\_\_\_\_

I certify all information provided on this registration form is accurate to the best of my knowledge. I understand that in signing this form, I agree to abide by all the policies and discipline of its administration and staff personnel. I also understand that the Ladies Retreat, Church of God of Prophecy and its staff are not responsible for any valuables and/or personal property that may be lost, stolen, or damaged. I hereby give my permission to attend the Virginia Church of God of Prophecy retreat. In case of emergency, I understand that every effort will be made to contact my emergency contact. In the event he/she cannot be reached, I

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hereby give my permission to the Retreat Director and physician selected by to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the retreator. I understand sickness or illness and pre-existing conditions are not covered by the retreator insurance. Therefore, it is my responsibility and the Retreat will NOT be liable for any of the expenses incurred in such cases. I hereby waive, release, and discharge any and all claims, demands, and causes of action against retreat officials, the Virginia Church of God of Prophecy and the International Offices (Cleveland, TN), the agents, employees, and participants to injury, damage or loss of property that I may sustain at a Virginia COGOP retreat. I hereby affirm that I have read and agree with all information on the application form. Applicants less than 18 years of age must have Parental/Guardian signed consent application.

Application's/Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Ladies Getaway PO Box 158, Troutville, VA 24175

Call 540-992-3696 for further information [www.vacogop.org](http://www.vacogop.org)