

*Ladies:*  
You are invited  
to our annual  
Living Truth  
Women's Retreat



April 21-23, 2017

*Sign up now to  
reserve your spot!*

Living Truth  
Christian Fellowship  
1009 Arsenal Way  
Corona, CA 92880  
951-735-2856

[www.livingtruthcorona.org](http://www.livingtruthcorona.org)

*In the  
Cool of the  
Day*

**LT Women's Retreat  
Registration Form  
& Information  
April 2017**



**R**etreats are a special time for us to draw closer to the Lord and to get to know one another better as we share the weekend together.

By being away from our normal routine and the distractions that we often experience as women, retreats provide us an opportunity to be renewed and refreshed through the wonderful worship, the biblical teaching and the sweet fellowship of godly women.

We hope you will be able to join us and be a part of what the Lord has planned for our women's retreat.

Please don't hesitate to contact me if you have any questions or concerns. You can reach me at [linn@pronio.com](mailto:linn@pronio.com) or 951 638-5081.

Blessings,  
Linn Pronio  
Women's Ministry

**O**ur women's retreat will be held April 21-23, 2017 at the beautiful Calvary Chapel Conference Center in Murrieta Hot Springs, California.

All women (age 16 and older) are invited and encouraged to attend.

The retreat begins Friday at 4:00pm and ends Sunday at noon. It will include worship, teaching, prayer, fellowship and free time to enjoy the many activities the conference center offers its guests.

**C**ost: \$175 per person which includes two nights and five meals. *(Most accommodations have six beds per room with a bathroom.)*

There is a **\$35.00 non-refundable, non-transferrable** deposit due when you sign up. Four additional payments of \$35 will pay the balance due.

## **R**etreat Registration Form

Detach and return this completed form to the church office with your \$35 deposit to hold your spot. Checks payable to LTCF and please write 'women's retreat' in the memo.

Name \_\_\_\_\_

Phone# \_\_\_\_\_

E-mail \_\_\_\_\_

Roommate(s) requested: \_\_\_\_\_

## **S**pecial Needs:

Meals:

- Food allergies    Vegan  
 Gluten free

Rooming:

- I go to bed early  
 I go to bed late  
 I cannot do stairs



Making payments is suggested:

Date \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Balance \_\_\_\_\_

Date \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \_\_\_\_\_

Date \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \_\_\_\_\_

Date \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \_\_\_\_\_

Date \_\_\_\_\_ Payment \$ \_\_\_\_\_ Balance \_\_\_\_\_

Genesis 3:8a