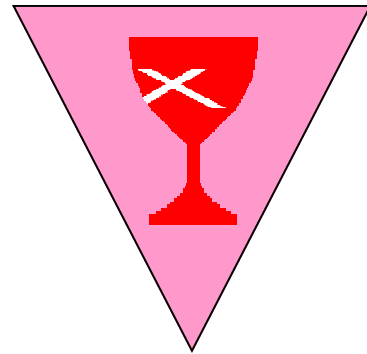


**Our Creative Spirits**  
**GLAD Retreat**  
**October 17-19, 2008**  
**Community of the**  
**Great Commission**



Christian Church  
(Disciples of Christ)  
Northern California - Nevada  
GLAD Chapter  
(Gay, Lesbian, Affirming Disciples)

**A Time to Gather, Laugh, Share,  
Sing, Learn, Be, &  
Reignite Northern California GLAD**

Join friends from around the region for this  
special weekend of fellowship and relaxation!

We will explore together the  
spirit of creativity in our lives.

Facilitators: Tina Heck, Cindy Ryness, Robert Shively & Marty Williams

**Cost: \$145/person includes 2 nights & 6 meals**

Retreat opens at 3PM on Friday, October 17  
And concludes at 3PM on Sunday, October 19

All registrants will receive a welcome letter  
that will have details about what to bring to the retreat.



2008 GLAD Retreat Registration Form  
October 17-19, 2008  
Community of the Great Commission Camp

**This form must be sent to the Regional Office.**  
Each individual attending must complete a registration form.

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

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle all the meals you will be attending: (We need exact numbers for our cooking staff)

**Friday:** Dinner

**Saturday:** Breakfast Lunch Dinner

**Sunday:** Breakfast Lunch

I am a: Vegetarian Vegan

Special Dietary/Food Requests (please be specific): \_\_\_\_\_

**Registration & Payment Information**

**Cost for the retreat per person: \$145.00**

Scholarships available for college students & seminarians. Contact Tina at the phone# below.

Check One Payment Method Please: All registrations must include minimum of \$50 deposit or full payment.

(Refund Policy: Through September 26 refund less \$25 processing fee; no refund after September 26)

Check or money order       Credit Card -- VISA or MasterCard only       Church will pay by check

\$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing address: (if different from above) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_ Total Amount Due: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

I am enclosing a check in the amount of \$ \_\_\_\_\_ OR debit my credit card for the amount of \$ \_\_\_\_\_

Credit cards cannot be accepted by phone. Mail or fax (925-556-9904) your registration with credit card information clearly written with signature.

**SEND FORM WITH PAYMENT MADE OUT TO: CCNC-N  
9260 ALCOSTA BLVD, SUITE C-18, SAN RAMON CA 94583**

Please contact Tina Heck at 530-265-6636  
or [tinasueheck@yahoo.com](mailto:tinasueheck@yahoo.com) if you have any questions.