SPRING LADIES' RETREAT

March 14-15, 2025

Registration: Friday @ 9:00 a.m.

	\mathcal{E}	,	\circ				
Name:							
Address:							
City:			Zip:				
Phone: ()						
Email:							
I will be attending: (Please mark all that apply)							
☐ Arriving Thu	 :		Spanish	Chapel			
☐ Friday Only	•		•	•			
□ Saturday <u>Only</u> - \$42.50							
☐ Friday & Sat	☐ Friday & Saturday - \$85.00						
□ Stay	ring Overnight		Sleeping	g Off-site			
☐ Lower Bunk ☐ Quiet Cabin							
(This may be away from your group.) ☐ Missionary / Pastor's Wife - N/C							
I understand and agree that attendance and participation in activities presents known and inherent risks and may result in injury, illness, exposure to infectious/communicable disease, death, and/or other damages. I authorize Victory Ranch to render or obtain such emergency medical care or treatment as may be necessary should any injury, illness, harm, or accident occur and understand that I am responsible for any medical obligations. I agree that my image or testimony may be used in promotion of the camp without expectation of compensation.							
Signature:							
Send this form with a \$10.00 non-refundable or full payment postmarked by Monday. 10. If mailed after that date, please call the office to check availability. (Cost is only paid in full by 3/7/25.)			March Ranch	FOR OFFICE USE ONLY			
	Victory Ranch 18080 Gilman Springs I Moreno Valley, CA 925	Rd. 55					

(951) 654-7766

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Name:					
Address:					
City:			Zip:		
Phone: ()				
Email:					
Church:					
I will be attend	ding: (Please mark all tha	t app	oly)		
☐ Arriving Th	ursday		☐ Spanish Chapel		
☐ Friday Only	<u>r</u> - \$42.50				
☐ Saturday Or	<u>nly</u> - \$42.50				
☐ Friday & Sa	turday - \$85.00				
□ Sta	ying Overnight		Sleeping	g Off-site	
□ Lov	wer Bunk		Quiet Cabin		
☐ Missionary / Pastor's Wife - N/C			(This may be away from your group.)		
known and inhe communicable or render or obtain should any injuresponsible for a	erent risks and may resul- disease, death, and/or oth n such emergency medic ury, illness, harm, or ac	t in a er da al ca ecide agre	injury, ill amages. I are or treent occur ee that m	pation in activities presents ness, exposure to infectious/ I authorize Victory Ranch to atment as may be necessary and understand that I am y image or testimony may be compensation.	
Signature:					
Send this form with a \$10.00 non-refundable deposit or full payment postmarked by Monday, March 10. If mailed after that date, please call the Ranch office to check availability. (Cost is only \$75 if paid in full by 3/7/25.)					
Send to:	Victory Ranch 18080 Gilman Springs Moreno Valley, CA 925 (951) 654-7766	Rd. 555			