

**ABCCR SENIOR ADULT RETREAT**

**April 24-25, 2024**

at

First Baptist Church, Hutchinson

800 N Main St, Hutchinson, KS 67501

*Preparing Seniors Along Life's Many Seasons*

***(P.S.A.L.M.S. of orientation, disorientation, and reorientation)***

Psalm 1:3 (NIV)

Guest Speaker, Rev. Dr. Gregg Hemmen

Registration Deadline - April 9, 2024

**\*\*\* \$10 Late Fee Assessed if Postmarked After April 9, 2024**

**Cancellation Policy: A full refund will be given if cancelled by April 16, 2024**

**\$25 non-refundable cancellation fee per individual after April 16, 2024**

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

*(If registering as a couple, please write spouse's name below)*

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

Spouse: \_\_\_\_\_

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

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

Home Church: \_\_\_\_\_

& City \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

	# of Guests		Total \$\$
• Full Retreat (includes program and 3 meals) per person	_____	@ \$95.00 per person	_____
• One Day only (Wednesday or Thursday) per person	_____	@ \$70.00 per person	_____
		<b>Total Amount Due</b>	_____

Please make checks payable to **Senior Adult Retreat** and mail payment and completed registration form to:

Senior Adult Retreat  
John Williams, Registrar  
C/O 5889 SW 29<sup>th</sup> Street  
Topeka, KS 66614

**Online registration is available at**  
[www.abccr.org](http://www.abccr.org)

**Dietary Requirements:**      Sugar Free                       Gluten Free

**PLEASE NOTE: We will try but cannot assure to meet all dietary requirements.**

**First Time to Attend the ABCCR Senior Adult Retreat?**    Yes \_\_\_\_\_    No \_\_\_\_\_

**Registration Begins Wednesday at 11:00 am**

**Retreat Begins with Lunch at 12:00 noon**

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*(Cut here and retain this stub for your records and information.)*

**ABCCR Senior Adult Retreat** – First Baptist Church, 800 N Main St, Hutchinson, KS 67501

**Dates:** April 24-25, 2024

**Registration begins at 11:00 am** on Wednesday the 24<sup>th</sup>. Retreat begins with lunch at 12:00 noon. The Sr. Adult Retreat will end mid-afternoon on Thursday, the 25<sup>th</sup>.

Amount paid to Registrar: \_\_\_\_\_ Check number: \_\_\_\_\_ Date paid: \_\_\_\_\_