



**LIFELINES MINISTRIES RETREAT
REGISTRATION FORM
FOR APRIL 16TH –APRIL 18TH 2010**

Name _____

Address _____

Email _____ **Telephone Number** _____

List Food Allergies and Any Medical Needs (Diabetic etc.) _____

**Please Mail Check for \$35.00 on or before March 28, 2010.
Please Make Checks Payable to *LifeLines Ministries, Inc.* and mail to:**

**LifeLines Ministries, Inc
P.O. Box 3023
Chesterfield, VA 23832**

****Please note that you are responsible for making your room reservations.**

**Hampton Inn Suites
333 Audubon Dr.
Corolla, NC 27927
(252) 453-6565**

**Single Occupancy 99.00 per night (Partial Beach Front)
Double Occupancy 49.00 per night (Partial Beach Front)
Room Reservations Are Presently Accepted**