



# OLMSTED EVENT REGISTRATION FORM

**Event:** \_\_\_\_\_ **Event Date(s):** \_\_\_\_\_

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

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Is this your first retreat at Olmsted?    YES    NO                      Do you require an accessible room?    YES    NO

Please list any food allergies/intolerances so that we may accomodate them:

**Please select rooming preference:**

\_\_\_\_\_ Private Room (pays advertised event price)                      \_\_\_\_\_ Roommate (receives double-room discount)

My roommate's name: \_\_\_\_\_

**OR**    \_\_\_\_\_ Assign me a roommate: ( ) male    ( ) female

Send with \$25 deposit to: Olmsted Manor Retreat Center // P.O. Box 8 // Ludlow, PA 16333