



WOMEN'S AUXILIARY

Sister Annette Hayes, President 937-837-8009 (home) – 937-248-5159 (cell/mobile)

WOMEN'S RETREAT – REGISTRATION FORM

THEME: "Women On The Battlefield For The Lord, Serving With A Heart Like Jesus"

SATURDAY, MARCH 23, 2024 @ 9:00 A.M.
CONTINENTAL BREAKFAST 8:30 AM
Employment Opportunity Center
4303 W. Third Street (Westown Shopping Center)
Dayton, Ohio 45417

SPEAKER: SISTER CHANA GRAHAM
Mt. Carmel Baptist Church, Cincinnati Ohio
Fellowship Gathering
Dramatization and Table Talk
Facilitators: Sister Annette Hayes
Sister Florence Randolph
Sister Robin Allen

Name _____
Please Print

Address _____

Home Phone _____ Cell Phone _____

Church _____
NAME CITY STATE ZIP CODE

REGISTRATION DEADLINE IS MARCH 12, 2024
NO REGISTRATION ACCEPTED AT THE DOOR

CONFERENCE REGISTRATION FEES: \$40.00
Includes Retreat Materials, Breakfast and Lunch

Please make checks payable to **WUBDA-WA** (Western Union Baptist District Association) – Women's Auxiliary). Please write "**Women's Retreat**" in the memo section
If you are unable to attend, please consider sponsoring someone

MAIL REGISTRATION FORM AND FEES TO:
Sister Arthurine F. Shepard
WUBDA Women's Retreat
4873 Northgate Court
Dayton, Ohio 45416

BY SIGNING THIS REGISTRATION FORM AND WAIVER OF LIABILITY

You/I acknowledge You/I will not hold Western Union Baptist District Association (WUBDA), its auxiliaries, officers or members responsible for any accidents, personal injury or property loss incurred by You/Me while participating in the above event. Western Union Baptist District Association (WUBDA), its auxiliaries, officers or members shall not be required or expected to provide security of any kind, and makes no implicit or explicit warranty of the premises, equipment, machinery, fixtures or furniture and shall bear no liability or responsibility for accidents, personal injury, or property loss at said event as a result of Your/Mine participation. I affirm that all information represented above is submitted in truth to the best of my knowledge.

*Signature _____ Date _____

***Registration form will not be accepted without participants signature and date. Thank you**

NOTE: In the event the person on this form cannot attend and a substitute person is attending or you are sponsoring someone, they will need to complete a separate registration form and sign the waiver of liability.