

Registration Form

Spokane Women's Enrichment Weekend 2026

Deadline: April 26

Name: _____
Address: _____

Phone: _____
Email: _____
Church Area: _____
Special Needs: _____

Sleep Preference: ___ Early to bed ___ Stay up late
Can you take a top bunk? ___ Yes ___ No
List the name(s) of anyone you would
specifically like to be in the same cabin with:

Dietary Needs: _____

Fee Schedule (Please check all that apply):

_____ Full Registration \$215
(Includes 2 nights lodging and 5 meals)
_____ Day Attendance Only

1) Lodging
of nights _____ x \$55/night \$ _____

2) Meals
Friday Dinner @ \$25 \$ _____
Sabbath Brunch @ \$18 \$ _____
Sabbath Dinner @ \$25 \$ _____
Sunday Breakfast @ \$15 \$ _____
Sunday Lunch @ \$18 \$ _____

3) Day Use Fee (one-time fee) \$15 \$ _____

TOTAL: \$ _____

_____ I have included additional funds to help someone else attend.

Enclosed is my donation of \$ _____.

_____ I need assistance to attend. I can contribute \$ _____.

Payment:

Make checks payable to: UCG - Spokane
Send completed registration form and payment to:
Joyce iiams
2686 N Partridge Loop
Post Falls, ID 83854

For further information, contact Joyce iiams (208) 929-1346 joyce@acmeelectric.net