



# ***Crossroads Ladies Winter Get-A-Way!***

## ***February 1-3, 2019***

**Connect and refresh!!**



**Location: South Garden Vacation Rental**

3048 Hot Springs Road, Agassiz, BC V0M 1A1

A beautiful rental home approximately 40 minutes from Chilliwack. Sleeps 20 people comfortably. Please check out the website for more information.

### **Weekend Schedule / Timeline**

**Friday:**

7:00 p.m. – Arrival and snacks (everyone bring an appetizer and your favourite non-alcoholic beverage to share).

8:00 p.m. – Welcome and craft with Debbie Visser

**Saturday:**

Morning – Free for all!

Breakfast whenever you get out of bed ...

12:00 Noon – Lunch

6:00 p.m. – Dinner

Evening – Chilling and games

**Sunday:**

8:00 – 9:00 a.m. – Breakfast and clean-up

9:30 a.m. – Devotional and Sharing

11:00 a.m. – Check-out time!

### **Things to bring**

Food and beverages to share (snacks, appies, sweets, etc.)

Hobbies and crafting stuff

Favourite games or puzzles

A book to read by the fire

Clothes for all types of weather (warm woolies to stroll or hike)

Bathing suit for the hot tub

### **Sleeping accommodations**

Accommodations include king, queen and bunk beds. King and queen beds may have to be shared. You're welcome to bring sleeping mats/bags as an option.

### **Food (this is a self-catered weekend)!**

Friday – hearty snack night (everyone please contribute)

Saturday – breakfast and lunch are provided in “help yourself” manner

Dinner will be 3 crockpot meals

Sunday – Breakfast and lunch (food provided and “help yourself”

\*Please note: we will try to have food for everyone, but if you have any food allergies / intolerances, please bring your own food supplies.

# REGISTRATION FORM

**COST: \$85.00 per person**

Payment: PushPay (on CCC's website under "give" – select Women's Retreat 2019), cash or cheque (made out to Crossroads Community Church)

Deadline: January 13, 2019

***Space is limited, so get your registration forms in as soon as possible!***  
*(There will be additional 'floor' space to unroll your mat and bedding)*



## Personal Information:

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

E-Mail: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Phone (emergency contact): \_\_\_\_\_

Payment Made: ☐ PushPay ☐ Cash ☐ Cheque

*Please hand in this completed form to either Pat Loewen or Carol Kropp.*