

Saturday - Sunday, March 21 – 22, 2020
Hilton Garden Inn – Twinsburg
8971 Wilcox Dr. (I-480@SR82)
Twinsburg, OH 44087



You may also register online at
www.mentorumpc.org/current/the-path

Name _____

Address _____

City, State, Zip _____

Phone _____ Home Church _____

Email _____

Emergency Contact Person _____

Emergency Phone Number _____

Medical Conditions you wish us to be aware of:

Handicapped Room Needed _____ Check here if interested in carpooling _____ Willing to drive? (circle one) Yes No

Special Dietary Needs (Please explain): _____

We realize you may not know yet how many will be sharing your room. If this is the case, please turn in your deposit and registration form first so we know you plan to come, then turn in the room type and roommate choices by **March 1st, 2020**. If you know your roommates now, please fill out that information and pay your deposit, or up to the full price of your room. Early deposits help the committee in planning. Payments are non-refundable, but may be transferred to another person. A limited amount of financial assistance is available on a first come, first served basis.

_____ I would like to be considered for financial assistance.

SATURDAY NIGHT ROOM SELECTION

_____ Single \$185 _____ Double \$145 _____ Triple \$135 _____ Quad \$125 _____ Not Sure Yet

If you would like to stay overnight Friday, March 20th, the additional cost will be \$105 per room (not per person). **If you have roommates, please have only one from your group request the room.** Check the box below for this option.

_____ Please make a Friday night room reservation -- \$105/room payable to Mentor United Methodist Church.

ROOMMATES _____ Listed Below _____ To Be Determined _____ Please Assign

1. _____
2. _____
3. _____

Minimum deposit of \$50 by
March 1st will hold your
room. Balance due no later
than **March 8, 2020**.
Please make checks payable
to: Mentor United Methodist
Church

Deposit Paid _____
Deposit Paid Date _____
Dep. Cash or Check _____
Name on Check _____
Balance Due _____
Date Balance Paid _____
Balance cash or check _____
Name on Check _____

Please return this form to:

The PATH – c/o Teresa Simons
Mentor UMC
8600 Mentor Ave.
Mentor, OH 44060
Registration Questions?
Call Laurie Babcock at 440-376-9005
Or e-mail lhbabcock37@gmail.com