

**B'NAI OR'S SPRING RETREAT, CAMP MERROWVISTA, TUFTONBOROUGH, NH  
MAY 14-16, 2010**



Registration Form

Name (Adult #1) \_\_\_\_\_ Name (Adult #2) \_\_\_\_\_

Children (Name/Age): \_\_\_\_\_

Contact Info: Email \_\_\_\_\_ Phone \_\_\_\_\_ (specify Cell or Home)

**Retreat Cost: \$160 - \$180 Sliding Scale (plus any additional fees. Please see below.)**

**Accommodations: All rooms (cabin or lodge) at Camp Merrowvista are bunk style and are designed to sleep between four (4) and six (6) individuals (2 or 3 bunkbeds). Cabins are heated and equipped with electricity and are grouped together in 'villages'. Each village shares a 'BIFF' (Bathroom in Friendly Forest). 'BIFFS' have electricity, hot water and private dressing rooms. The dorm-style rooms in the Lodge (two bunkbeds) are also shared bathroom.**

Retreat Weekend includes:

6 meals (Friday Shabbat Dinner, Saturday Breakfast, Lunch & Dinner, Sunday Breakfast & Lunch)

Friday Evening Kabbalat Shabbat service

Saturday Morning Shabbat service

Saturday Afternoon Activities and Workshops

Saturday Evening Havdallah & Talent Show

Sunday Morning Workshop

**A very limited number of private rooms w/bath (1 or two individuals) are available for an additional fee. These rooms will be assigned on a first-come, first-serve basis. See below, please add to registration amount due.**

**Housing Preferences (please indicate):**

\_\_\_\_\_ **Private Room: Individual (+\$30)**      \_\_\_\_\_ **Private Room: Couple (+\$15 per person)**

\_\_\_\_\_ **Family (+2 individuals including a child/children under the age of 17)**

**Room Mates:**

\_\_\_\_\_ **No Preference (will be assigned to room by Retreat coordinators)**

\_\_\_\_\_ **Prefer to room with:**

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**We will be responsible for helping with meals (wiping tables, etc.). Everyone who is physically able is expected to help -- including the children. Please select your 'kitchen duty' preference.**

_____ <b>Dinner Friday</b>	_____ <b>Breakfast Saturday</b>	_____ <b>Lunch Saturday</b>
_____ <b>Dinner Saturday</b>	_____ <b>Snacks Saturday Night</b>	_____ <b>Sunday Breakfast</b>
_____ <b>Sunday Lunch</b>		

Please make checks payable to: B'nai Or of Boston (Note "Retreat" on the Memo line).

To pay by credit card (please add 5% to cover processing fees), contact Teresa Lessin, tklessin@yahoo.com or 617.489.7327.

Mail Registration Form and Payment (checks) to: Henri Menco, 33 Jacqueline Rd., Unit E, Waltham, MA 02452.

To request Scholarship assistance, please contact Susan Raskin Abrams, srabooks@aol.com or 508.358.0299.

For information, please contact Deb Barsel, dbarsel@gmail.com or 978.263.7834.



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Additional Needs: \_\_\_\_\_ Clean-up Squad (Sunday afternoon) \_\_\_\_\_ Lost and Found person  
 \_\_\_\_\_ Carpooling Coordinator

Activities/Workshops:

° Ropes/Climbing (please indicate interest): \_\_\_\_\_ Yes, I am interested

° Workshops: I would like to offer the following workshop: \_\_\_\_\_  
 I prefer (circle one) Saturday PM or Sunday AM. Please submit (on a separate sheet) a brief description of this workshop including the maximum number of attendees and space required.

Talent Show: It is our tradition to cap off Saturday evening with a B'nai Or Talent (or "Talent-less") show.

\_\_\_\_\_ I will help coordinate this event.

\_\_\_\_\_ I will be participating. My "act" will be \_\_\_\_\_ (singing, dancing, playing a musical instrument, etc.).

Food Allergies: \_\_\_\_\_ Please be specific. We will make every effort to ensure well-balanced meals for all.

Carpooling: \_\_\_\_\_ I can drive and take # \_\_\_\_\_ people. \_\_\_\_\_ I need a ride.

community

Registration:

Cost of Retreat: \$160 - \$180 \$ \_\_\_\_\_

Private Room/Bath: \$30 Individual/\$15 pp Couple +\$ \_\_\_\_\_

FAMILY (defined as at least one adult and one child under age 17). In order to make attending the Retreat affordable for families, costs have been subsidized by the Children's Life Committee.

RATE: \_\_\_\_\_ # Adults @ \$110/Adult \$ \_\_\_\_\_

\_\_\_\_\_ # Children @ \$65/Child (Ages 6-17) \$ \_\_\_\_\_

\_\_\_\_\_ # Children (5 and younger) @ \$25/Child \$ \_\_\_\_\_

Scholarship Contribution: \$ \_\_\_\_\_

AMOUNT DUE \$ \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_

(1/2 DUE MARCH 1, 2010 - NO REFUNDS after APRIL 15, 2010); BALANCE DUE by APRIL 23, 2010)



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