EG Ministries, Inc. EXPLORING GOD'S GREATNESS

Name _____

Address _____

_____

Phone # (_____) _____

E-mail _____

Room-mate Request _____

Cost for the weekend is defrayed thanks to a generous sponsor.

(Rooms have one queen-sized bed, two single-sized beds, and a private bath)

Please return your registration form no later than January 15, 2027.

Please do not email form send to office.

Registration is not confirmed until form is received in the EG Ministries, Inc. office.

WOMEN'S GET-AWAY WEEKEND

Please return the completed form and fee to
EG Ministries, Inc., 311 E. Providence Rd. Aldan, PA 19018

To help with planning and supplies, **please only sign up for those activities which you plan to take**. Thank you.

Please **circle only one** of the activities in each time frame.

Check brochure for activity descriptions.

NOTE: Some activities include a fee.

Please make check payable to: **EG MINISTRIES, INC,**

Saturday Morning Activities

☐
☐
☐

☐
☐
☐

Saturday Afternoon Activities

☐
☐ Prayer Walk
☐
☐
☐

Specific Allergies _____

_____

Total Enclosed $_____