**Washington Area Folk Harp Society**

**Location***:*

Shepherds Spring Retreat Center,

16969 Taylor’s Landing Road, Sharpsburg, MD 21782

www.shepherdsspring.org

**Getaway Weekend**

**REGISTRATION DEADLINE**

**October 18, 2024**

**November 1-3, 2024**

Personal Information: **(please print)**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Companion Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Registration for Workshops**: $90/member $100/non-member

**A. Registration Total: $ \_\_\_\_\_\_\_**

**B. Housing/Meals Package**

Please check your room/meals package:

\_\_\_\_\_Double or more occupancy $211.00 each

\_\_\_\_\_Single occupancy $246.00

Room Special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals included with the package are: Saturday - Breakfast, Lunch and Dinner, and

Sunday - Breakfast and Lunch

Special Dietary Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B. Weekend Package Total:** $\_\_\_\_\_\_\_\_

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**C. Meals**

You may sign up for meals on:

**Friday evening Dinner** - not included with Weekend package - $20 per person: #\_\_\_

**Day Attendee or Non Registered Guest Individual meals.** Please specify which meal/s below:

Saturday Breakfast - $12.00 per person $\_\_\_

Saturday lunch - $16.00 per person $\_\_\_

Saturday dinner - $18.00 per person $\_

Sunday Breakfast - $12.00 per person $\_\_\_

Sunday Lunch - 16.00 per person $\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. Friday and/or Weekend Individual Meals Total - $\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check if appropriate**:

\_\_\_\_\_\_\_\_\_\_\_ I will share a room with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who is registering separately.

\_\_\_\_\_\_\_\_\_\_\_ let me know if there is someone that I can share a room with.

\_\_\_\_\_\_\_\_\_\_\_ I need special accommodations. Please list reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL REGISTRATION AND HOUSING** A + B + C **Total: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Available activities –** Go on line to [www.shepherdsspring.org](http://www.shepherdsspring.org) to see what activities are available for visitors at the Retreat Center.

**Make Checks Payable to WAFHS Getaway**

Mail check with your registration form to: WAFHS Getaway

Judith Schwartz, Registrar

14104 Rockingham Pike

Elkton, VA 22827  
Email [jmschwartz65@gmail.com](mailto:jmschwartz65@gmail.com)