Your Name	Check if this is your first retreat
Please describe special needs you have (if any)	
Remember to bring your WCOQG Neck Wallet from the available for a \$2.00 donation. Neck wallets will be	·
Please provide your Emergency Contact Person	on Information
Name:	Phone
Disclaimer: Your attendance and participation January 15 - 19, 2026 are at your own risk. Your and its staff and the West Central Ohio harmless of any and all liability.	ou agree to hold the Howard Johnson
Also, you understand that Retreat Fees are r	<mark>ot refundable</mark>
unless the Retreat is cancelled.	
Please sign below:	
Your Signature	Date