



EMOTIONAL FREEDOM RETREAT

Payment Agreement

October 6-14, 2024

I (name of participant) _____ I'm attending the weeklong retreat at Sunset Lake Camp and agree to stay in campus during 8-day program. I agree to pay my balance in full by September: (Please initial next to the option you choose). My registration fee will go towards my \$900 total unless I cancel the registration fee is nonrefundable. Fees include the following: Food, Boarding, Facility Fee, Speaker Fees, Coaching, & Program Materials, etc.

Please mark one option below for registration fee & initial which Payment option you like to do:

\$50 Registration Fee if paid by June 26, 2024

\$75 Registration Fee if Paid **after** June thru July 2024 (**Registration close July 3**)

_____ I will make am full payment

_____ I will make payments of \$_____ until the full amount is paid by **October 31, 2024**

I understand that a billing invoice will be sent to us at the end of each month of our payments or when balance is paid in full. Please send payment to Washington Conference of Seventh-day Adventists, 32229 Weyerhaeuser Way S, Federal Way WA. 98001. Send the Mail Attention: Elida Jerez. If you have questions, please contact us at 253-250-1646.

Name of Sponsor Church: _____

(Please Print Name) Attn: _____

Participant's Address: _____

_____ City _____ State _____ Zip _____

Phone Number _____ Email: _____

Participant's Signature _____

Office Authorized signature _____ Date _____

The Washington Conference Health Ministries invites you to invest on your health if you start saving daily as of April 2024 **SAVE ONLY \$4.29 PER DAY**= \$128.7/month total \$900 by the end of October. Join the movement and gain your mental, emotional, and physical health back and increase your worship to the Lord with all our mind, body, and strength.

Thank you for investing in a healthier you, when you are healthier your family, friends, and community benefits too!