

Midwinter Moms Retreat

Destination: _____ Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Receive HOME email updates: yes no already do

Cost per person: _____ Total Number Attending: _____

Total Fee \$ _____ enclosed.

Return this form with payment to:

HOME

P.O. Box 159

Camden, ME 04843

If you have questions about this event contact Kim Mazono at eaglecovefarm@gmail.com or the HOME Office at homeschl@midcoast.com or 207.763.2880