



Lake Tahoe Fellowship Retreat at Zephyr Point Registration Form

Sunday, July 20 – Friday, July 25, 2025

Speaker: Reverend John Miyahara

Theme: “Flourishing in a Life of Faith”

Please complete one form for each person

Name:	Phone - Home: ()
	Phone - Cell: ()
Street Address:	City, State, Zip Code:
Email Address:	Church Affiliation:
Special Needs? (Vegetarian, Vegan, Physically challenged, etc.) please specify:	

First come first serve!

- Early bird discount! Registration forms postmarked by Friday, **3/21/2025**, receive a **\$25 discount!**
- Please send your forms and check (payable to “**NCJCCF**”) postmarked by **4/19/2025** to: **Lori Lee, 7709 W Shore Drive, Sacramento, CA 95831**
- Registration forms postmarked **after 4/19/2025** will be charged a **late fee of \$50**. Based upon availability, you may be placed on a waiting list.

2025 Pricing & Discounts:	Cost per person: (Clergy 50% discount, ROOM & Food ONLY) Not transportation	
<input type="checkbox"/> Single (1 person in room)	\$1210	Enter amount on line 5
<input type="checkbox"/> Double (2 people in room) Roommate preference:	\$835	Enter amount on line 5
<input type="checkbox"/> Triple (3 people in room, 3 beds) There is a possibility these rooms may not be available. Roommate(s) preference:	\$710 <div style="background-color: yellow; padding: 2px;">Please pay for a “double” and if a triple is available, a refund will be given at conference.</div>	Enter amount for a <u>double</u> on line 5
<input type="checkbox"/> Quadruple (4 people in room, 2 beds) Roommate(s) preference:	\$650	Enter amount on line 5
TRANSPORTATION (BUS)		
<input type="checkbox"/> One Way	\$85	Enter amount on line 6

<input type="checkbox"/> Round Trip from San Jose/Berkeley	\$170	Enter amount on line 6
<input type="checkbox"/> Round Trip from Sacramento	\$145	Enter amount on line 6
<input type="checkbox"/> Early Bird Discount – all paperwork in and postmarked by 03/21/2025	-25	Enter amount on line 7
1. <input type="checkbox"/> First-time Attendee (per person)	-\$50	Enter greatest amount of lines 1-4 on line 8
2. <input type="checkbox"/> Special Senior (over 80 as of 7/20/2025)	-\$100	Enter greatest amount of lines 1-4 on line 8
3. <input type="checkbox"/> Board member; Board Advisor; DVD producer	-\$50	Enter greatest amount of lines 1-4 on line 8
4. <input type="checkbox"/> Conference Volunteers* : (check box & circle position)	-\$50	Enter greatest amount of lines 1-4 on line 8
<input type="checkbox"/> Faith Journey speaker <input type="checkbox"/> Ice Breaker leader <input type="checkbox"/> Convener of the Day <input type="checkbox"/> Pianist/Musician <input type="checkbox"/> Workshop leader <input type="checkbox"/> Bookstore manager/helper, <input type="checkbox"/> Exercise leader <input type="checkbox"/> Showtime coordinator <input type="checkbox"/> Morning coffee host		
Cost Calculation		
5. Room and Food (CLERGY ONLY: enter 50% of amount)		\$
6. Transportation		\$
7. Early bird discount (if postmarked by March 21, 2025) \$25		\$ ()
8. Greatest discount from lines 1-4 (N/A for clergy)		\$ ()
9. Late fee (if postmarked after April 19, 2025) = \$50		\$
TOTAL (line 5+line 6-line 7-line 8+line 9)		\$

Memorial Service: If you would like to light a candle in memory of a loved one that has passed from 7/21/2024 to present, list their name(s) and relationship to you. No names will be accepted after July 1, 2025 to allow time for preparation of candles and printing of programs.

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Confidential Health/Emergency Form



PLEASE COMPLETE AND RETURN A HEALTH FORM FOR
EACH MEMBER OF FAMILY/COUPLE/PARTY

Name: _____ Home Phone: (____) _____ Cell: (____) _____

Address (City, State, Zip Code): _____

Email: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

1. Do you have any health conditions (e.g. allergies, chronic conditions) or special circumstances that we should know prior to emergency treatment?
☐ No ☐ Yes (if yes, please explain): _____

Are you allergic to any medications?

☐ No ☐ Yes (if yes, please list): _____

Do you have a pacemaker?

☐ No ☐ Yes, Model #: _____

Have you had a stent procedure?

☐ No ☐ Yes (if yes, year performed): _____

2. Who should be notified in case of an accident or medical emergency?

(Please list an individual other than a Zephyr Point traveling companion)

Name: _____ Relationship: _____

Address (City, State, Zip Code): _____

Phone: (____) _____ Alt. Phone: (____) _____

3. List your health/accident insurance carrier(s) and appropriate policy number(s).

*Kaiser Hospital members give your medical ID number.

Name of carrier: _____ Policy Number: _____

Name of carrier: _____ Policy Number: _____

Doctor's Name: _____ Phone: (____) _____

Feel free to list any additional information or concerns you may have on the backside of this page.

Signature: _____ **Date:** _____

Dear Workshop Leader,

We are so grateful you will be leading a Workshop at the 2025 LTF Conference. Your willingness to share your skills, talents and expertise will add to the enrichment of the conferees stay.

Will you need any audio, visual, or sound equipment or tables/chairs set up for your presentation? If so, please complete this form and we will ensure to have your needs met the day of your workshop.

Name of Leader _____

Workshop Title _____

Name of Workshop Helpers _____

Maximum number of participants in your Workshop _____

Material cost to be paid by participant (Please indicate if you would like prepayment or payment at the retreat) _____

How many tables and/or chairs will be needed? Do you want tables or chairs set up in a special arrangement? How? _____

What audio, visual or sound system will be used or needed? _____

If you need more information:

Contact: Lori Lee (H) 916-428-5881, (C) 916-730-0601 or shoppinglori@sbcglobal.net or Jill Kanemasu (C) 916-606-5704 or jkanemasu@aol.com

Please submit any additional expenses with attached receipts to Jill Kanemasu, Treasurer by Monday, July 21, 2025. Jill will make reimbursements during the retreat. Thank you!

List Expenses: _____

