

## Retreat Committee:

JoEllen Boyer, Anne Davis, Lynda Wilhelm, Tracy  
Baker, Cindy Reed, Debbie Ruark, Carol Earp,  
Pat Hasenei, and Bonnie LaPosa

Brenda Bowman, Photographer



## WOMEN'S SPRING RETREAT

May 2-4, 2025

“Fruits of the Spirit”

Presented by the  
Retreat Committee

Rhodes Grove

Conference Center

Chambersburg, Pennsylvania

We would like to thank everyone for your prayers,  
gifts and service in making this retreat possible.  
Thank you for sharing your passion so that others  
may have the opportunity to grow spiritually.

## Registration Form

Our retreat theme for this year is “Fruits of the Spirit.” Members of the Retreat Committee will be presenting. We will explore God’s Word and discover how we can live a life that reflects His Spirit.

The weekend begins on Friday, May 2, 2025 at Rhodes Grove Conference Center at 6:00 p.m. for dinner. Check in time is after 3:00 p.m. The retreat will continue on Saturday morning and conclude with a worship service after breakfast on Sunday. We will leave right after the service.

We have scholarship funds available so please don’t let money stop you from enjoying a weekend with your Sisters in Christ. Scholarships are kept confidential. Please email JoEllen Boyer at [timjoboyer@gmail.com](mailto:timjoboyer@gmail.com).

We will be staying in the Miller Lodging Wing of Rhodes Grove Conference Center. We have contracted for 20 rooms which can sleep two or three women and the price goes down according to the number of women you have in the room. **You must send all roommates’ registration forms and non-refundable deposits together in order to save your room.** If you do not have a specific roommate, we will do our best to assign you to a room with others who want the same type of accommodations. First come, first served. If you have any questions, please call JoEllen Boyer (410-218-1462).

Last day to sign up is March 30, 2025. Final payments will be due on April 20, 2025.

### **SUBMIT THIS FORM WITH YOUR ROOMMATES FORMS AND THE 50% NON-REFUNDABLE DEPOSITS FOR EACH ROOMMATE TO RESERVE A ROOM**

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

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

Phone: \_\_\_\_\_

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

Type of Room:	Check	Roommates’ Names:
Double occupancy	\$245.00	_____
_____	_____	_____
Triple occupancy	\$228.00	_____
_____	_____	_____

Allergies or food restrictions:

Please send registration form and check for 50% non-refundable deposit payable to “**United Methodist Women**” to:

JoEllen Boyer  
7120 MacBeth Way  
Eldersburg, MD 21784

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