



FIVE POINTS MISSION  
**OLMSTED CENTER**

PO Box 291, 114 Bay View Avenue  
Cornwall on Hudson, NY 12520  
olmstedctr@aol.com www.fivepoints.org  
845.534.7900

**INDIVIDUAL REGISTRATION  
FOR RETREAT PARTICIPATION**

Contact person: MAKE A COPY FOR EACH RETREAT PARTICIPANT

*Please fill out this form, and return it to the contact person for your retreat.*

**Please Note: Cancellation of the retreat sixty days or less prior to arrival will result in forfeit of deposit(s) unless another individual(s) is booked for that time period. If we are able to schedule another individual(s) for that day, one half of the deposits will be returned.**

Retreat Group Name: \_\_\_\_\_ Dates of Retreat: \_\_\_\_\_

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

Address (include zip, please): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PLEASE CHECK IF WE MAY SEND YOU OUR NEWSLETTER 3 TIMES PER YEAR** by email by U.S. mail

**In case of emergency contact name:** \_\_\_\_\_

Address (include zip, please): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

**DIETARY INFORMATION**

*Please check all that apply.*

Allergic to (food products, only) \_\_\_\_\_  Gluten-free

Pescetarian (fish & dairy, ok)  Vegan (no animal products)  No Pork  No Red Meat

We try to cater our menus to each group's needs. Unfortunately, we cannot provide the necessary foods for all allergies. If you bring special foods with you that are medically necessary, we may be able to prepare them for you (for example, gluten free pasta or bread for toast/sandwiches). **If you have a severe allergy, please check with the kitchen at each meal to be sure that we have made accommodations for you.**

**Please return this form to your retreat contact person no later than 4 weeks prior to the retreat.**

Retreat Group Contact Person –

Please return all Individual Participant Registrations to:

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