**4th. ANNUAL FALL ARTS RETREAT (FAR)**

 **Fall into the Arts with Alpha Epsilon State**

 **The Delta Kappa Gamma Society International**

 **November 6th and 7th, 2015**

**Shiloh Park Retreat & Conference Center**

**1734 South – 350 East Marion, Indiana 46953-9455**

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City State Zip Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check one of the spaces below:**

**\_\_\_\_\_Weekend Registration (Friday, 4:00 – 6:00 p.m.) $\_\_\_\_\_\_\_\_\_.00 per person.**

 **check the 2015 FAR Room Accommodations and Cost Information sheet for your cost.**

 **Lodging Preference: Guest House\_\_\_\_\_\_\_\_\_ Four-Plex\_\_\_\_\_\_\_\_\_ Winchester Cottage\_\_\_\_\_\_\_\_\_**

 If you are bringing someone/others who will be your roommate(s), list who they will be;

each person needs to fill out a registration form:

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_Saturday only (8:30 a.m.) Registration: $65.00 per person.**

***Registration begins July 1, 2015.***

**Please make checks payable to:** **Delta Kappa Gamma Society International, Alpha Epsilon State**

and ***write FAR*** on the memo line of your check.

**Mail check and Registration by October 6, 2015 to:** Carol Winterholter

**Phone:** 765-506-0594 7604 Farm View Circle West

 Indianapolis, IN 46256
**E-mail: cwinterh****@gmail.com**

Arriving later than 6:00 p.m. Friday night? \_\_\_\_\_\_\_\_\_ If so, approximate time of arrival.\_\_\_\_\_\_

 **NO CANCELLATION or REFUND OF MONEY WILL BE MADE AFTER OCTOBER 6,** **2015**.

Special dietary needs? Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I grant permission to have my name and/or photo published in The Hoosier Newsette**

**or on the Alpha Epsilon State website. Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_**

**signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*\*\*PLEASE MAKE A COPY OF THIS REGISTRATION FOR YOUR RECORDS.\*\*\***