

NSW & ACT Baptist Churches

RETREAT

for

Pastors & Pastor's Spouses

Sun 16 - Tues 18 October

KEYNOTE SPEAKERS: Murray & Marj Robertson, from NZ
Murray is Pastor Emeritus at Spreydon Baptist Church, Christchurch

Electives for

- Pastors
- Spouses
- Couples



The Collaroy Centre is located only 35 minutes from the Sydney CBD.

If travelling by car, you will need to find your way onto Pittwater Road. Once you are on Pittwater Road, Turn Right (if coming from the North) or Left (if coming from the South) onto Homestead Avenue.

Continue up Homestead Ave to the end of the cul-de-sac, where you will see The Collaroy Centre driveway. Continue up the driveway until you see Reception.



The Collaroy Centre
Homestead Avenue
COLLARROY BEACH 2097

Ph 02 9982 9800
www.collaroycentre.org.au

ACCOMMODATION & COSTS

• Hotel Room (Twin Beds)	Includes all Linen, Ensuite & ALL MEALS (Dinner Sun to A/Tea on	\$360 per couple for 2 nights (\$90 /person /night Twin Share)
• Shared Cabin (4 Dble bunks per room for 8 persons)	Shared bathroom & ALL MEALS (Dinner Sun to A/Tea on Tues) MUST bring own pillow, bed linen OR sleeping	\$140 per person for 2 nights (\$70 /person /day)
• DAY REGISTRATION:	Includes M/T, A/T & Lunch	\$50 per person per day
Additional costs to be considered:	Linen Hire (Cabins ONLY)	Sheets & Pillowcase \$7.50 Towel \$2.50
• Special Dietary Requirements	The Collaroy Centre caters for a wide range of Special Dietary Requirements, such as: Vegetarian Vegan Diabetic No Red Meat Coeliac—No Gluten Lactose Intolerant Nut Allergies Allergies <i>* Please advise your Dietary Requirements when Registering</i>	

DEADLINE for Registration & Payment:
THURS 6 OCT



REGISTRATION & PAYMENT DETAILS

Name/s _____	Email _____	<input type="checkbox"/> HOTEL ROOM <input type="checkbox"/> SHARE CABIN <input type="checkbox"/> DAY Registration <input type="checkbox"/> Bed Linen <input type="checkbox"/> Towel	Number	Price \$
_____	Church _____		_____	_____
Mob/Ph _____	<i>*Dietary Requirements</i>			
Registration & Payment to:	<input type="checkbox"/> Cheque (pay to Baptist Union of NSW) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa			
Roslyn Allibone, MSD PO Box 122 EPPING NSW 1710	NAME on Credit Card/Cheque _____		Subtotal: \$ _____	
E: adminmsd@baptistnsw.asn.au Ph: (02) 9868 9230 Fx: (02) 9868 9201	Credit Card # _____		Total Paid: \$ _____	
	Exp. date _____			
	Signature _____			