WATER WITHIN…FOR THE JOURNEY!

A RETREAT FOR WOMEN: SEPTEMBER 22-24, 2017
Guest Minister: Diane Allison, Seventy

You are invited to gather as a community of women to explore, ponder, and discover what God is calling you to. Come away from your hectic schedules and pause in the calm and pleasant surroundings of Scottsville Camp and Conference Center, (GPS) 400 Harkins Lane, Marshall, TX. 75672. Approx. 8 miles east of Marshall, TX. and 10 miles west from the LA. state line on I-20.

Registration will be 4:30-6:00 pm. Supper at the campground will be served around 6:00 pm, in the dining hall. Friday evening activities will begin at 7:45 pm and will include a time of gathering, getting acquainted, singing, and worship.
Come and share together as sisters in Christ.
The retreat will conclude by 11:00 am Sunday morning.

"In all thy ways acknowledge him, and he shall direct thy paths."
Proverbs 3:6

Retreat Director: Delane Morgan (dlmorgan@quikus.com) cell#903-577-2641
Asst. Director: Barbara Arrant: cell #479-216-7473

Directions to campground:
From I-20: Take Exit 624 to FM 2199 north towards Scottsville. Follow FM 2199 which becomes Harkins Lane once you cross FM 1998. Scottsville Camp is on the right, about ¼ mile from FM 1998.

From Texarkana: Take Hwy. 59 south to Marshall. Take Loop 390 east(left)just north of Marshall to Hwy. 80 east, turn left, go 3-4 mi. turn left on FM 2199(blinking light)towards Scottsville, go 1 ½ mi. the road becomes Harkins Lane after crossing FM 1998. The camp is on your right, about ¼ mi. from FM 1998.

<u>Cost:$115</u>---Register by August 30=$105; After August 30 Registration is $115.

Please mail registration forms with deposit to Registrar: Barbara Arrant, 124 Alexander Lane, Mena, AR. 71953, (Pho#479-216-7473). Makes checks payable to Community of Christ.
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Housing: Housing is in Hamiter Lodge, each room has 2 queen beds and bathroom with tub and shower; 2-4 can stay in a room if you desire. Bedding and towels are provided by the camp. There are 2 rooms/handicapped accessible with a king-size bed.

Name:____________________________________ E-Mail______________________________________

Address:______________________________________City_____________________State_________Zip___________

Phone____________________________________

Congregation____

Who you would like to room with____

Identify any special dietary needs____