

REGISTRATION FORM (Please Fill Out BOTH Sections)

Name (person "1" on the other side) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Home Church: _____

SPECIAL NEEDS (Please be specific about person(s) and needs):

Dietary: _____ Accessibility: _____

Children's Needs: _____ Other: _____

HOUSING REQUESTED

First Choice: _____

Second Choice: _____

IF REGISTERING ALONE: would you YES IF NECESSARY NO

accept a roommate?

Interested in being a facilitator for core groups? Check here and we will be in touch with you with more information.

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Person No.	Name (As you would like it to appear on your nametag)	√ If Adult	√ If Child	Child's Age	Registrati on Fee	Cost for Housing/ Meals	Cost for Linen
1							
2							
3							
4							
5							
6							
7							
8							
Total					\$	\$	\$
Total Registration + Housing/Meals + Linen \$ _____					Adjustments, if any \$ _____	TOTAL \$ _____	