



Registration Form

Retreat May 8 - 10

(Registration Deadline - April 5)

Husband's Name: _____ Wedding Anniversary Date _____
Wife's Name _____ / / _____
Street Address: _____ Apt/Unit: _____
City/State/Zip: _____ State: _____ Zip: _____
Phone: _____ Do You Text on this line? (Y / N)
Best Email: _____
Church Affiliation: _____ Pastor: _____
Special Needs: _____
(Food Allergies,
Accessibility, etc.) _____

- Payment: () Please find enclosed, a \$100 deposit, balance will be paid by **April 19**.
() Please find enclosed, the complete registration payment of \$_____.
() I will make a deposit by the registration deadline.

***Please note:** Registration deposits must be made by **April 8** to confirm registration.
After **April 8**, deposits will be non-refundable.

If you have questions, please feel free to email
pastormajor@gmail.com
or call
423-258-3345