

Alumni Retreat Registration Form

Name _____ Birthdate _____ Gender _____
 Street _____ Mailing Address (if different) _____
 City _____ State _____ ZIP _____ Home Phone _____
 Cell Phone _____ Number to call in case of emergency _____
 Spouses Name _____ Children's names _____
 Roommate preference _____
 Church affiliation _____ City _____
 Allergies/limitations _____ E-mail _____

Housing choices

ADULTS ONLY; changes vary
 (rate in order of preference)

- Dorm Style
- Hotel Style
- Tent
- RV
- Arrange Own

I want to make monthly payments of \$ _____
 Bill my monthly payment to the credit card indicated below..
 Financial aid needed; please send scholarship application.
 Send me info about automatic checking account withdrawals.

Visa _____
 MasterCard _____ Credit Card # _____ Exp. Date _____
 Discover/Novus _____ Signature _____ Amount _____

Bill my monthly payments to my credit/debit card on _____
(ex. the 5th of the month each month)

eml	OFFICE USE ONLY
ibb	Total fee \$ _____
conf	- \$ _____
med	- \$ _____
qsr	- \$ _____
wll	Amt pd \$ _____
	Bal due \$ _____

- Call me about my medically altered diet.
- I'm willing to room with anyone.

A minimum \$50 nonrefundable, nontransferable deposit must accompany each registration, and counts towards your final bill. Register only one camper or married couple per form, please; photocopy as many as you need.

If you have any questions or problems registering please contact our registrar at joann@maranathacamp.org or 308-582-4513 ext. 145.