



# REGISTRATION FORM

Adult Retreat – September 7-12, 2010

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Other Phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear about The Firs? \_\_\_\_\_

Housing Request (room requests are honored on a first-come, first-served basis; rates are per person):

- \$329....Private Cabin and Bath (Single Occupancy)
- \$274....Private Cabin and Bath (2 – 3 to Room)
- \$244....Lodge with Central Bath (Stairway Access)
- \$105.....Commuter

Roommate(s) preferred (roommates must request each other) \_\_\_\_\_

### Payment Method

Check or Money Order enclosed \$ \_\_\_\_\_

Please Charge my:  Visa  MasterCard (payment in full required for Visa/MC)

Exp. Date \_\_\_\_\_ EIN # \_\_\_\_\_ Card Number \_\_\_\_\_

Cardholder's Printed Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Cardholder's Mailing Address \_\_\_\_\_

Please mail completed Registration Form and payment in US Funds to:

The Firs Registrar  
4605 Cable Street  
Bellingham, WA 98229

FOR OFFICE USE		Ttl Fee _____
Dt Rcvd _____	Cnfrm Dt _____	Dpt #1 _____
Initials _____	AR # _____	Bal Due _____
Rcpt Dt _____	Fee _____	Dpt #2 _____
Hsng _____	Ext _____	Bal Due _____