



REGISTRATION FORM

Fall Women's Retreat – October 22-24, 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)*

- \$159....Private Cabin and Bath (2–3 per room*)
- \$139....Lodge with Central Bath (Single Occupancy; Stairway Access)
- \$132....Lodge with Central Bath (2-3 per room*; Stairway Access)
- \$85....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 _____