## Walk Intuit Inc.

# REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Today’s date: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Participant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name: | | | | | | | | First: | | | | Middle: | | | | ❑ Mr.  ❑ Mrs. | | | | ❑ Miss  ❑ Ms. | | | | | Email Address: | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | |
| Have you been on a Retreat with us before? | | | | Cell Phone: | | | | | If carpooling who with? | | | | | | | | | | | | | | Birth date: | | | | | Age: | Sex: | | | |
| ❑ Yes | | ❑ No | |  | | | | |  | | | | | | | | | | | | | | / / | | | | |  | ❑ M | | ❑ F | |
| Street address: | | | | | | | | | | | | | City: | | | | | | | | | | | | State/Zip Code: | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| Will you be carpooling? | | | | | | If so who will you be driving with? (we only have 5 parking spaces at the site) | | | | | | | | | | | | How will you be paying? | | | | | | | | | Are you able of willing to pay an additional tax deductible amount to support someone else attending ? If so how much would you like to donate? | | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
| Food sensitivities or preferences? | | | | | | Do you need camping gear? If so what? | | | | | | | | | | | | | | | | | | Allergies? | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| How did you hear about us? (please check one box): | | | | | | | | | | | ❑ | | | |  | | | | | | | | | | | ❑ Meet-up | | | | ❑ Facebook | | |
| ❑Website | | | ❑ Friend | |  | | | | | | | | |
| What do you hope to get out of this experience? | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IN CASE OF EMERGENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of local friend or relative: | | | | | | | | | | Relationship to you: | | | | | | | | | | | Home phone no.: | | | | | | | Work phone no.: | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | ( ) | | | | | | | ( ) | | | | |
| This form does not guarantee a spot on this retreat. Payment of $350 must be received in order for your spot to be secured. Refunds for cancelations may not be available unless we are able to fill your spot. The Joshua Tree Camping location will be emailed to you once payment is made in full. Retreat activities are subject to change. Once payment is made you will receive release information and agenda. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |  |
|  | Participant signature: | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | | |  |

Please email your registration form to walkintuit@gmail.com