

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Church you attend \_\_\_\_\_

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

Check your choice of weekend:  Oct. 4-6  Oct. 11-13

Could you attend the other weekend if your choice is full?  Yes  No

Check your choice of accommodations (*if you choose Meadow Inn, give second choice*)

Meadow Inn \$220  Cabin \$170  Dorm \$170  RV \$150 **PRICES ARE PER PERSON**

Roommate's Name \_\_\_\_\_ I need to be on ground floor  Yes  No

Emergency Contact & Phone Number \_\_\_\_\_

Bring a new attendee and get a \$10 coupon for 2025.

*A \$8 late fee will be charged for all registration forms postmarked after September 27th.*