



REGISTRATION FORM

Adult Retreat – September 3-8, 2019

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 per person):

- \$316 (\$395 CDN)....Private Cabin and Bath (2 – 3 to Room)
- \$295 (\$369 CDN)....Lodge with Central Bath (Single Occupancy)
- \$284 (\$355 CDN)....Lodge with Central Bath (2-3 to Room)
- \$135 (\$169 CDN).....Commuter (Program & Meals)
- \$177 (\$221 CDN).....RV (Program & Meals; electric & water only)

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 _____