

# Retreat Registration Form

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Day Time Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Congregation affiliated with (include city please)

\_\_\_\_\_

Registering for the following retreat(s):

\_\_\_\_\_ Cost: \_\_\_\_\_

\_\_\_\_\_ Cost: \_\_\_\_\_

\_\_\_\_\_ Cost: \_\_\_\_\_

Others included in this registration:

*(include name, address, phone, gender, age if under 18)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use another sheet of paper if needed

Pay by check      Amount: \$ \_\_\_\_\_      Check Number: \_\_\_\_\_      Signer: \_\_\_\_\_

Please charge my (check one):     Visa     MasterCard     Discover      Amount: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_      Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Please include full payment with this form. Mail your registration and check to:  
**Registrar, Living Water Ministries • 3506 Garling Road, Fairview, MI 48621**  
To pay using credit card over the phone, call (989) 848-2230 between 8:00 am - 4:00 pm weekdays.