



Registration Form

(Rev., Mr., Mrs., or Miss)

Name _____

Address _____

City, State, Zip _____

E-mail address _____ Phone _____

Registration Fees

	Early Registration Before May 30th	Full Cost After June 1st
Adult(s)	_____ x \$70	_____ x \$85
Children (ages 4 to 18)	_____ x \$15	_____ x \$17
Children ages 3 and under	_____ FREE	_____ FREE

Includes 4 meals (Thursday Lunch, Thursday Dinner, Friday Lunch, Friday Dinner)

Method of Payment

Paid by: Cash Check # _____ Credit Card

Credit Card #

Exp. date

CVS Code 3 digits on the back of credit card (required)

Signature

Total Fees: _____

Refund Policy: Full refunds are made upon written request if received by May 30, 2009. After this date, no refunds will be made.

We will provide some activities for the children and a nursery. Please list all the children's names and ages.

Name:

Age:

Deaf or Hearing:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Make checks payable to **Deaf Reformed Ministries** and mail to:
Deaf Reformed Ministries, P.O. Box 98, Odenton, Maryland 21113