

## Registration Form

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

## Registration Fees

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

*Includes 3 meals (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 will be made if written request is received by May 30, 2010. 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