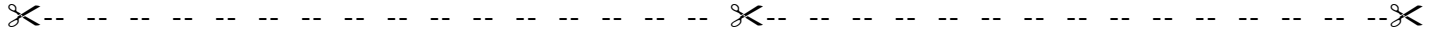


Pilgrims of Faith Marian Center (PFMC)

2005 RETREAT CONFERENCE (RC), 3 Day Extension (3DX), Youth Track (YT)

REGISTRATION FORMS



NAME 1: _____ **NAME 2:** _____
(Please Print) (Please Print – See Page 4 for Youth and Young Adults)

ADDRESS: _____ **NAME 3:** _____

CITY: _____ **STATE:** _____ **ZIP** _____ **NAME 4:** _____

HOME PHONE: () _____ **WORK PHONE:** () _____

Per Person: \$75 for 2005 Weekend only; or \$140 for 2005 Weekend and 3DX
 \$25 Friday only or \$40 Saturday only or \$40 Sunday only

Husband and Wife: \$130 per Couple for 2005 Weekend only or \$185 for 2005 Weekend and 3DX

Family Rate: \$185 per Family for 2005 Weekend only or \$250 for 2005 Weekend and 3DX

Student: \$35 for 2005 Weekend only or \$70 for 2005 Weekend and 3DX.

SATURDAY HOT SERVED LUNCHEON WITH THE SPEAKERS at \$20 per person in advance.

HOT BUFFET LUNCHEONS **SUNDAY**, **MONDAY**, **TUESDAY** and **WEDNESDAY** at \$20 each.

Charge: Discover Master Card Visa Account # _____ / _____ / _____ / _____ Exp. Date: _____

Print Name on Card: _____ **Signature:** _____

NOTE: All credit card transactions incur a non-refundable 3% handling donation. There will be a cancellation donation of \$25 per person. After 1/7/2005 the cancellation donation will be \$50 per person. Requests for refunds must include a physician or third party letter explaining reason for cancellation.



NAME 1: _____ **NAME 2:** _____
(Please Print) (Please Print)

ADDRESS: _____ **NAME 3:** _____

CITY: _____ **STATE:** _____ **ZIP** _____ **NAME 4:** _____

HOME PHONE: () _____ **WORK PHONE:** () _____

Per Person: \$75 for 2005 3DX only; **Student:** \$35 for 2005 3DX only.
or \$40 Monday only; or \$40 Tuesday only; or \$40 Wednesday only.

Husband and Wife: \$130 per Couple for 2005 3DX only.

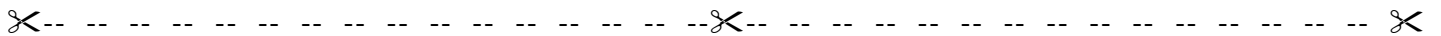
Immediate Family Rate: \$185 per Family for 2005 3DX only. (2 Married Adults and their children)

HOT BUFFET LUNCHEONS (All you can eat.) **MONDAY**, **TUESDAY**, and **WEDNESDAY** at \$20 each.

Charge: Discover Master Card Visa Account # _____ / _____ / _____ / _____ Exp. Date: _____

Print Name on Card: _____ **Signature:** _____

NOTE: All credit card transactions incur a non-refundable 3% handling donation. There will be a cancellation donation of \$25 per person. After 1/7/2005 the cancellation donation will be \$50 per person. Requests for refunds must include a physician or third party letter explaining reason for cancellation.



YT NAME: _____ **YT AGE:** _____ **YT DATE of BIRTH:** _____ / _____ / _____
(Please Print – See Top of Page for Adult Registration Form)

ADDRESS: _____ **HOME PHONE:** () _____

CITY: _____ **STATE:** _____ **ZIP** _____ **WORK PHONE:** () _____

ADULT NAME: _____ **ADULT PHONE:** () _____

Enclosed is \$35 2005 Youth Track (YT) registration donation. **Check Number:** _____ or **Charge:**

Discover **Master Card** **Visa** **Account No.:** _____ **Exp. Date:** _____ / _____

Print Name on Card: _____ **Signature:** _____

R	
A	
C	
E	
R	

R	
A	
C	
E	
R	

R	
A	
C	
E	
R	