

# Ashland District Retreat Registration Form

due by February 1, 2010 with payment in full

Church: \_\_\_\_\_

Name of Main Contact: \_\_\_\_\_

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

City, St, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

	Male	Female	Total	
# of Youth Participants				Total # of Participants
# of Adult Participants				_____ x \$100.00
Total				Total Amount Due <input type="text"/>

	Adult Participant Name	Gender	Family Group Leader Y/N	*if yes please provide email address
1				
2				
3				
4				
5				

	Youth Participant Name	Gender	Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Please mail this form, along with payment in full, made out to **Ashland District**, to:

Attn: Jen Oliver, 9101 Mystic Lane, Spotsylvania, VA 22551

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

Email: \_\_\_\_\_

	Adult Participant Name	Gender	Family Group Leader Y/N	*if yes please provide email address
6				
7				
8				
9				
10				

	Youth Participant Name	Gender	Grade
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

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