



This form must be printed, filled out completely, and returned as described below. Thank You

2010 Mother's Day Reunion Retreat Registration Form

Contact Information

Name:	E-Mail	
Street:		
City, State & Zip:		
Hm Ph:	Wk Ph:	Cell Ph:

Choose Retreat to Attend

Participate	Volunteer	Retreat Date / Description
Early/Regular	Early/Regular	May 7-9, 2010 Reunion Retreat
<input type="checkbox"/> \$100/\$110	<input type="checkbox"/> \$100/\$110	Full Retreat – Includes 2 Nights Accommodations Registration includes two nights accommodation, use of waders and rod outfit, all meals, snacks, non-alcoholic beverages and amenities. Applies to participant and volunteer.
<input type="checkbox"/> \$50/\$60	<input type="checkbox"/> \$50/\$60	Full Retreat – Offsite Accommodations Registration is for individuals staying offsite who will be participating the entire weekend. Use of waders and rod outfit, all meals, snacks, non-alcoholic beverages and amenities included. Applies to participant and volunteer.
<input type="checkbox"/> \$40/\$50	<input type="checkbox"/> \$40/\$50	Saturday Only – No Accommodations Registration includes use of waders and rod outfit, all meals, snacks, non-alcoholic beverages and amenities. Applies to participant and volunteer.
	<input type="checkbox"/> No Charge	River Guide / Helper Only For Saturday only. No accommodations. Lunch will be provided.
<u>Note regarding Registration Fees for Reunion Retreats:</u> Early Registration is available 30 or more days prior to retreat date. Payment due to at time of reservation.		
<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	Processing Fee for Credit Card Payments <u>Only</u>
\$	\$	Total

Registration Payment Information

Registration fee is payable by check (preferred) or credit card. Credit card payment is accepted by mail, fax, and phone or online at www.ReelingandHealingMidwest.org. A \$5.00 processing fee will be added to all credit card payments. Credit card payment and receipt are processed via PayPal. Questions? Phone 616-855-4017.

Paying By Check: Check # _____ (Make payable to Reeling & Healing Midwest)

Pay Using PayPal: Send Payments to info@reelingandhealing.org

Paying By Credit Card: Visa MasterCard AMEX Discover

Credit Card Number: _____ Exp Date: ____ / ____

CV2 Code (see right): _____

Signature of credit card holder: _____

If paying by credit card and the billing address is different than above, please provide:

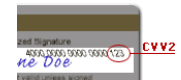
Name: _____

Street, _____

City, State & Zip: _____

Phone: _____ Email: _____

**Visa, MasterCard
and Discover**



**American
Express**

