



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

2010 Annual July One-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	Saturday, July 10, 2010, Reunion Retreat
<input type="checkbox"/> \$35/\$45	<input type="checkbox"/> \$35/\$45	Full Retreat Registration includes use of waders and rod outfit, all meals, snacks, non-alcoholic beverages and amenities. Applies to participant and volunteer.
<input type="checkbox"/> \$15/\$20	<input type="checkbox"/> \$15/\$20	Optional Dinner on July 10 th - Includes food and non-alcoholic beverages.
<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge	Float Trip - <input type="checkbox"/> Half-Day or <input type="checkbox"/> Full-Day Wade Fishing - <input type="checkbox"/> Half-Day or <input type="checkbox"/> Full-Day <i>(Please check your first choice)</i> Float trips are first come/first serve and dependant on number of volunteer guides donating their services. Participants have priority.
	<input type="checkbox"/> No Charge	River Guide / Helper Only For Saturday only. No accommodations. All meals provided.
<p><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.</p>		
<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: ____ / ____

CVV2 Code (see right): _____

Signature of credit card holder: _____

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

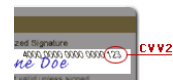
Name: _____

Street, _____

City, State & Zip: _____

Phone: _____ Email: _____

**Visa, MasterCard
and Discover**



**American
Express**

