|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Address |  |
| City/State/Zip |  |
| Cell Phone |  |
| Email |  |
|  |
| I would like my registration applied towards: |  |
| □ | I would like my current registration to roll over for next year’s Spiritual Retreat in 4/30/21. |
|  |  |
| □ | I would like a refund please. |
|  |  Please make checks payable to: |
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