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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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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