



Minister's Retreat 2010
Registration Form

Each attendee will please complete a separate registration form.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-mail _____ Church _____

Total Fee (includes Tuesday lunch, Wednesday breakfast and lunch plus snacks and beverages) **\$55.00**

My payment will be made by: cash, check # _____, credit card type _____,
Name _____, Card Number _____
Expiration date _____ 3-digit security code _____ Amount to be charged \$ _____
Signature Authorizing Credit Card Charge _____ Date _____

***** I understand that if my registration is not received by March 23, 2010, I will owe an additional \$10.00 late fee.**

Important: Please list any specific food requests, allergies, dietary needs, or special services that need to be considered

Registrations will be filled in the order received, based on availability.

For further information please contact
Pilgrim Pines Camp and Conference Center
39570 Glen Rd., Yucaipa, CA, 92399
Phone: (909) 797-1821 Fax: (909) 797-2691
www.pilgrimpinescamp.org