



# 63<sup>rd</sup> ABMOPAD Retreat Registration Form July 28-30, 2017

Date: \_\_\_\_\_

First Retreat? Y / N

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Nickname for Badge

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Your Church: \_\_\_\_\_ Church City/Town: \_\_\_\_\_

Church's Association: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Care to Room with: \_\_\_\_\_ Physical Limitations: \_\_\_\_\_

**Registration begins at 2:00 P.M. July 28 (If you come early, you will have to wait for your room key)**

### 2017 Rates

All rooms are air-conditioned and have 2 beds. Single rate guarantees a private bedroom and bathroom, which may share a common area in a 2 bedroom unit.

**Youth Rate** (Graduating grades 4 through 12) is **\$100**  
(All Youth must stay in a room with an Adult OVER 18)

\*\*\* First 25 Youth registered will receive a \$50 discount \*\*\*

Type	Before June 1 (Early)	Before July 15 (Full)	After July 15 (Onsite)
Shared Room	\$175	\$185	\$195
Single Room	\$225	\$235	\$245

### MAIL COMPLETED FORM AND DEPOSIT TO

**Rob McQue**  
**216 Brenton Cir**  
**Harleysville, PA 19438-2022**

**Phone: 215-513-9748**  
**email: retreat@abmopad.org**

### Emergency Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Registration Type (circle one): Youth Shared Single

Amount you are paying now: \$ \_\_\_\_\_

**HANDICAP Scooters are available at a cost of \$60 for the weekend. Please note that the renter will need to sign a copy of the rental agreement at the conference, and renter is responsible for all damage and liability. If you want to reserve a scooter, please contact the registrar in advance.**

**Minimum deposit amount is \$100 (\$50 for Youth). Deposit is not refundable after July 1<sup>st</sup>. Substitutions are allowed by notifying the Registrar in advance. Registration is not considered complete without enclosing a Deposit.**

### Paying by Check

**Make checks payable to ABMOPAD - Check or Money Order only - DO NOT MAIL CASH**

### Paying by Credit Card

We accept VISA, MasterCard, AMEX, or Discover. Remember to bring your card if paying balance when you arrive.

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Billing ZIP Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(3 or 4 digit code on your card)

Signature: \_\_\_\_\_ Email Address for receipt: \_\_\_\_\_  
(Signature of Card Holder) (if different from one given above)

**DO NOT MAIL THIS FORM AFTER JULY 15<sup>th</sup>**

Feel free to make additional copies of this form and share them with friends. Parental consent form required if under 18.  
See our Website for more Information - [www.abmopad.org](http://www.abmopad.org) - and Like us on Facebook