



64th ABMOPAD Retreat Registration Form July 27-29, 2018

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 27 (If you come early, you will have to wait for your room key)

2018 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 **\$125**
(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	\$185	\$195	\$205
Single Room	\$235	\$245	\$255

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 \$125 (\$75 for Youth). Deposit is not refundable after July 1st. Substitutions are allowed by notifying the Registrar in advance. Registration is not considered complete without enclosing a \$125 Deposit. Please do not cut or modify this form in any way.

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 15th

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 - and Like us on Facebook