



65th ABMOPAD Retreat Registration Form
July 26-28, 2019

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 26 (If you come early, you may have to wait for your room key)

2019 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 \*\*\*

Table with 4 columns: Type, Before June 15 (Early), Before July 15 (Full), After July 15 (Onsite). Rows include Shared Room and Single Room with corresponding rates.

\*\*\*EARLY BIRD\*\*\* Register by May 15 for \$10 off Early rate

Registration Type (circle one): Youth Shared Single

Amount paying now (at least \$125): \$ \_\_\_\_\_

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.

Minimum deposit amount is \$125 (\$75 for Youth). Deposit is not refundable after July 1st. Substitutions are allowed by notifying the Registrar in advance.

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

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: \_\_\_\_\_