

# ALL STAFF REUNION REGISTRATION FORM

*(Please Print)*

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

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  I understand that the deposit is non-refundable and non-transferable.

Church Name & City: \_\_\_\_\_

## HOUSING INFORMATION

\_\_\_\_\_ Tent      \_\_\_\_\_ Cabin      \_\_\_\_\_ Downstairs

Roommate: \_\_\_\_\_

Willing to share? \_\_\_\_\_yes      \_\_\_\_\_no

Please list all participant's names.

\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only:      PM \_\_\_\_\_      DR \_\_\_\_\_      DEP \_\_\_\_\_      CHECK # \_\_\_\_\_

Please indicate any special physical, dietary or emotional needs here:

Send completed registration with non-refundable and non-transferable deposit to: Pathways, PO BOX 1187, Bemidji, MN 56619.