

REGISTRATION FORM (GROUP)

EVENT TITLE: _____
EVENT DATE: _____
EVENT CITY & PROVINCE: _____

His First Name: _____ His Last Name: _____

Age Range for Him 29 or below 30-39 40-49 50-59 60 or above

His Email Address: _____

Her First Name: _____ Her Last Name: _____

Age Range for Her 29 or below 30-39 40-49 50-59 60 or above

Her Email Address: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Primary Phone Number: _____ Home Cell Work

Church or Parish: _____

Marital Status Not married Engaged Married Remarried

Attended before? Yes No

Anniversary (optional DD/MM/YYYY): _____

Group Rate: \$180/couple (minimum of 5 couples per group)

Early Bird Rate: \$280/couple (must register for getaway 2 weeks prior to event date)

Regular Registration Rate: \$380/couple

*A \$6 processing fee is applied to all registration types.

Registration Rate _____

+ processing fee \$6

TOTAL

Please submit this form to your group leader. These forms cannot be mailed in for registration.