

Sample Registration Form
PLEASE PRINT ALL INFORMATION

First & Last Name _____

Address _____

Home Phone _____

Cell Phone _____

E-mail _____

Emergency Contact Name _____

Relationship _____

Phone _____

Vegetarian? Yes _____ No _____

Other dietary restrictions/allergies? _____

Payment Methods & Refunds

We require a _____ non-refundable deposit.

Make checks payable to _____

_____ Payment enclosed Amount _____

_____ Charge my Visa MasterCard Am. Ex Discover

Cardholder Name _____

Card Number _____

Exp. Date _____/_____/_____ Sec. Number _____

Billing Address _____

Signature _____

Final payment is due on _____

After _____ only 50% will be refunded if you cancel.

Mail to:
