

Retreat Registration



Retreat Name _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____

Email _____

Roommate(s): _____

Room Request (If Available): _____

Special Dietary Needs:

Early Arrival Late Stay

Send a completed registration form (no phone calls or emails, please) with \$50 non-refundable deposit for each retreat participant. Please do not send cash and do not deduct any discounts from deposit. You may also register online at www.MetigosheMinistries.com

Payment Options

- Check/money order payable to METIGOSHE MINISTRIES
- VISA
- Mastercard
- Discover

Card Number _____ Exp. Date _____

Cardholder's Signature _____



Metigoshe Ministries
10605 Lake Loop Road E
Bottineau, ND 58318
701-263-4788

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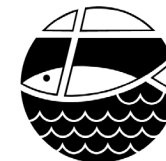
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