Retreat Registration



Retreat Name _			
Name			
Mailing Address			
City	Si	rate	Zip
Phone ()		
Email			
Roommate(s):			
Room Request	(If Available):		
Special Dietary	Needs:		
☐ Early Arrival		Late Sta	у
Send a complete please) with \$50 participant. Plea discounts from d www.Metig	non-refundable se do not send eposit. You ma	e deposit for e cash and do y also registe	not deduct any r online at
Payment (Options		
Check/mones VISA Mastercard Discover	/ order payable	to METIGOS	HE MINISTRIES
Card Number			Exp. Date

Cardholder's Signature



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Retreat Registration



Retreat Name				
Name				
Mailing Address				
City	_ State	_ Zip		
Phone ()				
Email				
Roommate(s):				
Room Request (If Available	e):			
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	i			
☐ Check/money order paya ☐ VISA ☐ Mastercard ☐ Discover	able to METIGOSH	E MINISTRIES		
Card Number		Exp. Date		

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City	State	Zip
Phone ()		
Email		
Roommate(s):		
Room Request (If Ava	ilable):	
Special Dietary Needs	:	
Early Arrival	☐ Late S	tay
Send a completed regis please) with \$50 non-re participant. Please do n discounts from deposit. www.Metigoshe	efundable deposit fo not send cash and d You may also regis	r each retreat to not deduct any ster online at
Payment Option	ons	
Payment Option Check/money order VISA Mastercard Discover		OSHE MINISTRIES

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