



This form must be printed, filled out completely, and returned as described below. Thank You.

2017 Michigan New Participant Retreat Registration Form

Contact Information

Name:		E-Mail:	
Street:			
City, State & Zip:			
Hm Ph:	Wk Ph:	Cell Ph:	
Emergency Contact:	Name:	Phone:	

Choose Retreat to Attend

Participant	Volunteer	1 st Choice	Retreat Date / Description
	Early/Regular	Check One Box	
<input type="checkbox"/> \$30	<input type="checkbox"/> \$30 / \$35	<input type="checkbox"/>	July 16-18 – Gates Au Sable Lodge, Grayling MI (Sunday-Tuesday)
<input type="checkbox"/> \$30	<input type="checkbox"/> \$30 / \$35	<input type="checkbox"/>	August 6-8 – Gates Au Sable Lodge, Grayling MI (Sunday-Tuesday)
<input type="checkbox"/> \$30	<input type="checkbox"/> \$30 / \$35	<input type="checkbox"/>	August 13-15 – Gates Au Sable Lodge, Grayling MI (Sunday-Tuesday)
<input type="checkbox"/> \$30	<input type="checkbox"/> \$30 / \$35	<input type="checkbox"/>	August 27-29 – Gates Au Sable Lodge, Grayling MI (Sunday-Tuesday)
\$	\$	Total	

Which retreat date is your 2nd Choice? 3rd Choice? _____

Remember – Registration fee is due at time of retreat request and submission of completed Registration Packet.

Volunteers: Early Registration is available 30 days or more prior to retreat date. Please note your preference as a 2-1/2 Day or One Day-Only volunteer position for each retreat you would like to attend.

Registration Payment

Registration fee is payable by check (preferred) or credit card. Credit card payment is accepted by mail, fax, and phone or via PayPal. Credit card payment and receipt are processed via PayPal. Any questions? Please email info@reelingandhealing.org or leave a voice mail for Retreat Coordinator at 616-855-4017.

Paying By Check: Check # _____ (Make payable to Reeling & Healing Midwest)

Pay Using PayPal: Send Payments to info@reelingandhealing.org

Paying By Credit Card: Visa MasterCard AMEX Discover

Credit Card Number: _____ Exp Date: ____ / ____

CVV2 Code (see right): _____

Signature of credit card holder: _____

If paying by credit card and the billing address is different than above, please provide:

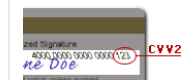
Name: _____

Street, _____

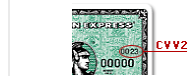
City, State & Zip: _____

Phone: _____ Email: _____

**Visa,
MasterCard
and Discover**



**American
Express**



Retreat Coordinator (C. Sero)
1400 N. State Pkwy, Unit 8A
Chicago, IL 60610

P: 616-855-4017 / Fax: 480-247-4964
ReelingandHealing.org or FishOn.org

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info@FishOn.org