



Registration

Select: ☐ First-time participant

☐ Server

☐ Other (want to return for second time as participant)

Name: _____

Address: _____

E-mail: _____

Main phone: _____

Cell phone: _____

Age: _____

Gender: ☐ Male

☐ Female

Relational status: ☐ Married

☐ Single

☐ Divorced

☐ Widowed

Spouse's Name: _____

Emergency Contact phone: _____

Emergency Contact E-mail: _____

Who referred you? _____

Any special needs? (lodging, food, health). For instance, do you need a bottom bunk because of a back condition or do you need an outlet for a C-PAP machine?
