

FAMILY AUTISM RETREAT 2019 REGISTRATION FORM

FAMILY Name _____

ADDRESS _____

CITY _____, STATE _____, ZIP _____

PHONE _____

EMAIL _____

HANDICAP ACCESSIBLE ROOM NECESSARY? YES NO

	<u>AUTISM?</u>		<u>GENDER</u>		<u>AGE</u>
	YES	NO	M	F	_____
Camper #1 _____					

	<u>AUTISM?</u>		<u>GENDER</u>		<u>AGE</u>
	YES	NO	M	F	_____
Camper #2 _____					

	<u>AUTISM?</u>		<u>GENDER</u>		<u>AGE</u>
	YES	NO	M	F	_____
Camper #3 _____					

	<u>AUTISM?</u>		<u>GENDER</u>		<u>AGE</u>
	YES	NO	M	F	_____
Camper #4 _____					

	<u>AUTISM?</u>		<u>GENDER</u>		<u>AGE</u>
	YES	NO	M	F	_____
Camper #5 _____					

Please indicate below the specifics for which you are registering.

Number of adults _____ @ \$130 = _____

Number of "children" ages 11 and under _____ @ \$68 = _____

Number of "children" ages 12 and over _____ @ \$130 = _____

TOTAL # ATTENDING _____ **TOTAL MONIES INCLUDED** _____

Registration Deposit is \$50 (balance due when you arrive on Friday, September 20 by check or cash.)

REGISTRATION IMPLIES PERMISSION TO USE IMAGES for promotional purposes.