



2017 Advent Bus Tour
Registration Form

Your Name: _____ Male Female Date of birth (MM/DD/YYYY): _____

Address: _____ City/State/Zip: _____

Email: _____ Main phone: _____

Additional guests from family/household:

Name: _____ Male Female Date of birth (MM/DD/YYYY): _____

House in same hotel room

Name: _____ Male Female Date of birth (MM/DD/YYYY): _____

House in same hotel room

Name: _____ Male Female Date of birth (MM/DD/YYYY): _____

House in same hotel room

Please list your hotel roommate request(s) if not listed above:

PAYMENT INFORMATION (You may also call our administrative office to make a secured credit card payment via phone: 920-882-0023)

Check enclosed (please make check payable to Crossways) Charge to my (circle one): VISA MASTERCARD DISCOVER

Retreat fee (check option): Single Occupancy - \$220
 Double Occupancy - \$170
 Triple Occupancy - \$155
 Quadruple Occupancy - \$150

Are you paying for another registration? Yes - if yes, indicate their fee(s): _____
 No

Is someone else paying for your registration? Yes - if yes, please list their name: _____
 No

Credit card number: _____ Exp. Date: (MM/YY) _____ Sec. code: _____

Name on card: _____ Amount to charge: _____

Signature: _____

Mail completed forms & payment to: Crossways Camping Ministries
912 N. Oneida St.
Appleton, WI 54911

*******REGISTRATION IS DUE BY OCTOBER 30TH*******