

Registration Form

Mo-Ranch Weekend

June 10-13, 2010

Adult Name (s) _____

Address _____ City _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Email address _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Child's Name _____ Age _____ Child's Name _____ Age _____

Have you participated in the St. Philip Mo-Ranch retreat before? Yes _____ No _____

Accommodations (Please indicate first and second choices)

Wynne/Flato _____

Pheasant Run _____

Manor House _____

Thursday night dinner: _____ adults @ \$12.00 each _____ children (4-11) @ \$8.50 each

Singles: My roommate will be _____. Please find me a roommate _____

Photography Class:

Name(s) _____

Carpools:

I can provide a ride for _____ person(s). I will be leaving on _____ at _____ AM/PM.

I need a ride for _____ person(s). I am able to leave on _____ at _____ AM/PM

Nametags: I need a nametag (print clearly) _____

Youth Rock Climbing: _____

Youth Ropes Course: _____