

REGISTRATION FORM

SHARON FELLOWSHIP YOUTH OF NORTH AMERICA RETREAT
OCTOBER 10, 11, 12 (FRIDAY to SUNDAY)
GALVESTON, TEXAS

PLEASE NOTE THAT THIS IS AN REGULAR REGISTRATION FORM AND THE PRICES ARE ONLY GOOD UNTIL **SEPTEMBER 14, 2008**. PLEASE MAIL ALL PAYMENTS TO:

SHARON FELLOWSHIP CHURCH
11302 SOFTBREEZE CT.
HOUSTON, TX 77584

CONFIRMATION WILL BE MAILED TO YOU AFTER WE RECEIVE THE PAYMENT..

PERSONAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Family Information:

Name	Please Circle				Ages of Children (Minors)
1 _____	M	F	Adult	Child	_____
2 _____	M	F	Adult	Child	_____
3 _____	M	F	Adult	Child	_____
4 _____	M	F	Adult	Child	_____
5 _____	M	F	Adult	Child	_____
6 _____	M	F	Adult	Child	_____
7 _____	M	F	Adult	Child	_____
8 _____	M	F	Adult	Child	_____

COST PER PERSON (THIS INCLUDES LODGING & MEALS for the WEEKEND)

ADULT \$105.00
CHILD (Under 10) \$80.00
CHILD (Under 3) FREE

_____ ADULTS	X	\$105.00	=	\$ _____
_____ CHILD (UNDER 10)	X	\$80.00	=	\$ _____
		TOTAL	=	\$ _____

THE PRICE ABOVE IS BASED ON 4 PEOPLE TO A ROOM PLUS FOOD. IF YOU WANT A ROOM TO YOURSELF YOU MUST PAY THE PRICE FOR THE ROOM. CONTACT US IF YOU ARE INTERESTED IN PAYING FOR A ENTIRE ROOM FOR YOUR SELF.

**ANIL RAJAN – (713) 320-2696;
SAM THOMAS – (713) 436-9040; JOHNSON MATHEW – (713) 436-4490;**