



# "Senior Day" Registration Form July 14, 2010

1724 Main Street • Lake Geneva, WI 53147 • Phone: (262) 248-3600 • Fax: (262) 248-6814 • www.covenantharbor.org

## Participant Information For one or more persons living at the same address.

**1st Person:** Last, First, M.I. \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

**2nd Person:** Last, First, M.I. \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Place of Worship (optional):** \_\_\_\_\_ City, State: \_\_\_\_\_

Denomination: \_\_\_\_\_

## Payment Information \$15.00 per person

Check Enclosed Payable to Covenant Harbor: Check # \_\_\_\_\_ Workshop \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
(Amt) (# of People)

Visa  Master Card  Discover *Credit card payments must be for the full amount.*

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_ (last 3 digits on the back of your card): \_\_\_\_\_ Subtotal \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Payment Enclosed \$ (\_\_\_\_) \_\_\_\_\_

Authorized Signature: X \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

**Program Payment Policy:** We encourage full payment at the time of registration.

**Cancellation Policy:** Refunds are given based on when we receive a written notice of cancellation. More than 30 days before program = full refund, less \$10 nonrefundable deposit • 7 to 30 days before program = full refund, less \$20 nonrefundable deposit • Less than 7 days before program = no refund.

**Additional Nights:** Contact Sue Walter, Registrar, for current rates and availability.