

## BELOVED 2012 Retreat Group Registration Form

Church/Organization Name (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Purchase 15 or more retreat registrations at one time and receive 10% off your entire order.**  
**Purchase 25 or more retreat registrations at one time and receive 10% off your entire order AND one FREE registration.**

1. Complete # of Registrations and Total Cost.
2. Complete name, mailing address and email address for each registration.
3. MAIL completed form(s) with ONE CHECK for the TOTAL AMOUNT made payable to Beloved Ministries to 8005 Depford Way Cumming GA 30041.
4. To pay via credit card, complete and return the Credit Card Authorization form instead of mailing a check.
4. Please notify us if there are any changes to this attendee list.

**Retreat Registration Cancellation Policy**

**Registration is non-refundable less than 30 days prior to the event. For refunds prior to the 30-day period before the event, send complete information to Beloved Ministries 8005 Depford Way Cumming GA 30041. Refund requests must be postmarked before the 30-day period prior to the event. Customers will be charged a \$10 fee for each registration refunded. If you registered through a church, group or individual, you must contact them regarding refunds. Refunds are not granted within the 30-day period prior to the event.**

	<b>X</b>	<b>\$125</b>	<b>=</b>	<b>\$</b>	
<b># of Registrations</b> (must be 15 or more)					<b>TOTAL COST</b>

Number	Name	Mailing Address	Email Address
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**CREDIT CARD AUTHORIZATION**

(complete and return if applicable)

Group Name (if applicable): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Address (where cc bill is mailed): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Total Amount Authorized: \$ \_\_\_\_\_



Card Type (please circle):

VISA

MASTERCARD

DISCOVER

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Code from Back of Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_