

REGISTRATION FORM

(Please Print)

Last Name:		First:		
Are you bringing your spouse...	<input type="checkbox"/> Yes <input type="checkbox"/> No Their name:	Are you bringing any children?	<input type="checkbox"/> Yes <input type="checkbox"/> No How many?	If bringing children...
				Name: Age: Name: Age: Name: Age:
Street address:		Home phone:	Cell phone:	
		()	()	
Email Address:		City, State, Zip:	Will you be arriving any time other than 4-6pm on April 13?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No What time?	
<p>Your Registration will not be complete until we receive this form and your complete payment. If paying by check, make check payable to EFC-MAYM and mail to: 2018 W. Maple, Wichita, KS 67213</p> <p>Registration deadline is March 16, 2018 Payments are non-refundable after this date.</p>				
Choose your cost:				
<input type="checkbox"/> \$245 / person or <input type="checkbox"/> \$400 / person for <input type="checkbox"/> \$85 / Child (4-10 years) <input type="checkbox"/> Other <input type="checkbox"/> \$490 / couple private room private room (0-3 year olds are free)				
<i>*double occupancy *subject to availability</i>				
(Rooms are limited as we only have 29 rooms)				
Do you or any of your attendees have any dietary needs or food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes please list :				

IN CASE OF EMERGENCY			
Name of local friend or relative:	Relationship:	Home phone no.:	Cell phone no.:
		()	()