

Office use only
 Pd \$ _____
 Due \$ _____

**Registration Form for
 THE WILDS Fall 2010**

Please print clearly.

Rev./Dr. _____
 Mr./Mrs./Miss _____

Spouse's Name _____
 (if attending)

Address _____

City _____ State _____ Zip _____

Phone _____ Business Cell Home

E-mail Address _____

Home Church _____

City _____ State _____ Zip _____

Check the appropriate boxes and give the requested information. Please use a separate form for each program you would like to attend. Give accommodation preference in the blank for 1st, 2nd, and 3rd choices.

Couples' Conferences	Couples' Overnight Getaway	Senior Adult Conferences
<input type="checkbox"/> Sept. 24-26—Bergs	<input type="checkbox"/> Sept. 17-18—Monroe	<input type="checkbox"/> Oct. 19-22—Heller
<input type="checkbox"/> Oct. 8-10—Phelps		<input type="checkbox"/> Oct. 26-29—Binney
<input type="checkbox"/> Oct. 22-24—Binney	Lodge.....\$200	<input type="checkbox"/> Double <input type="checkbox"/> Single
Lodge.....\$290	Inn.....\$200	Occupancy Occupancy
Inn.....\$290	Duplex.....\$150	Lodge....\$135.....\$155
Duplex.....\$250		Inn.....\$135.....\$155
		Duplex..\$135.....N/A

Father/Son Campouts	Lest You Fall Men's Conference	College & Career Retreat
<input type="checkbox"/> Sept. 24-25—Moore	<input type="checkbox"/> Dec. 3-4—Hummel	<input type="checkbox"/> Oct. 29-31—Ormiston
<input type="checkbox"/> Oct. 15-16—Knight	Lodge.....\$80	Lodge.....\$140
Father and one son.....\$99	Inn.....\$80	Duplex.....\$130
Each additional son.....\$25	Duplex.....\$70	Dormitory.....\$115
Total number of campers _____	Total number of campers _____	Sponsor.....\$115
Age(s) of son(s) _____	Grade(s) of son(s) _____	(Minimum grade is College Freshman.)
(Minimum age is 6 years old.)	(Minimum grade is 9th grade.)	

All registrations are processed in the order they are received.

Please indicate any hardship that would prohibit your staying in the Duplex Cabins because of the stairs:

If possible, I/we would like to be housed with/near:

A \$25 deposit per adult (\$50 per couple) must accompany this form. Deposits are refundable or transferable only if we are notified of the cancellation 30 days before the program begins. To pay your deposit, please fax this form with your credit card information or mail the form with your check or credit card information.

Charge deposit Charge full amount

DISCOVER  

Card Number _____ Exp. Date _____

Print name as it appears on card _____ 3-digit CW Number _____

Signature _____

**Mail to: THE WILDS • PO Box 509 • Taylors, SC 29687-0009
 Phone: (864) 331-3293 • Fax: (864) 331-3294**