

2019 REIGNITED MEN'S EVENT REGISTRATION FORM

ATTENDEE'S CONTRACT INFORMATION

NAME _____

EMAIL _____

PHONE (_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CHECK ONE:

___ SINGLE OCCUPANCY/\$350 PER PERSON

___ DOUBLE OCCUPANCY/\$275 PER PERSON

IF DOUBLE OCCUPANCY, _____ ASSIGN A ROOMMATE OR LIST YOUR PREFERRED ROOMMATE _____

PLEASE NOTE: BOTH ATTENDEES MUST REGISTER

PAYMENT OPTIONS

A non-refundable \$100/person deposit is required to reserve your spot at the time of reservation. Please pay by check or credit card (as indicated below).

OPTION 1: I have enclosed a check for:

___ Pay \$100 deposit per person

___ Pay full registration (Per Person: \$350 single occupancy / \$275 double occupancy)

Please make checks payable to RONALD GRAY MINISTRIES.

OPTION 2: By Credit Card:

Credit Card Number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

I authorize Ronald Gray Ministries to charge my card ___ \$100 Deposit / ___ \$350 single occupancy / ___ \$275 double occupancy per person.

_____ (Signature)

_____ (Date)

MAIL TO: RONALD GRAY MINISTRIES, PO BOX 1873, DAPHNE, AL 36526