

Mail in Registration Form:

Please print all information.

Last name _____

First name _____

Address _____

City, State, Zip _____

Home () _____ Cell () _____

E-mail _____

Female Male Roommate request (all double rooms unless otherwise indicated) _____

Special dietary requests _____

Event: _____ Date _____

I am paying by check: Amount enclosed \$ _____. If you are paying by check please send at least ½ the total cost as a deposit rounded to the nearest dollar.

Please indicate U.S. Funds if using a Canadian check.

I am paying by credit card Visa, Mastercard, Discover . \$ _____ Full payment only if using a credit card

Card no. _____ Exp. date _____

Signature _____

Mail to Kirkridge, 2495 Fox Gap Road, Bangor, PA 18013 PHONE 610-588-1793 FAX (610) 588-8510.