

New Hope Camp and Conference Center, Inc.

Individual Registration Form

Today's Date: _____ Name: _____

Register me for: LABYRINTH WORKSHOP Dates: _____

Church name: _____ Church City: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Email Address: _____

Fees and Payment

Fee: \$25 per person. This fee covers the program and lunch. Payment may be cash, check, MC or VISA.

Refund Policy: If cancellation occurs ten or more weekdays prior to the event, all deposits and fees paid are fully refundable except for a \$5 service charge. If "late" cancellation occurs, less than ten weekdays prior to the event, all deposits and fees paid are non-refundable, unless the cancellation occurs due to a verifiable medical or family emergency. A full refund will be given if NHCCC should cancel due to weather conditions.

Rain date: TBA

Health/Emergency Contact Information

Primary Emergency Contact (____) _____ - _____ (____) _____ - _____
Day Phone Evening Phone

Please list any known allergies or health conditions requiring restriction or other accommodation while at NHCCC:

Do you require a vegetarian option for lunch? _____
Yes No

PLEASE RETURN TO:
NHCCC
4805 HWY 86
CHAPEL HILL, NC 27514
www.newhopeccc.org