Northern New England Men's Ministries

2017 Men's Retreat

Group Registration Form

Office Use Only:	
Rec'd:	
Chk #:	
# Regis:	
Reg.: ❒	Conf.: ❒

✍ **Please Print or Type Clearly:**

Church Name: _____

Church Mailing Address: _____ Contact Email: _____

City/State/Zip: _____ Phone: (____) _____

Contact Person: _____ Contact Phone: (____) _____

District Registration Fee: $40.00 / Person
Golf Outing Fee: $75.00 / Person (Include with Registration Form)
District Registration Deadline: April 21, 2017

*Please send **ONE CHECK** for the total number of registrations along with this Form. **Registrations are not refundable, but are transferable upon cancellation.** Fees for Paint Ball and all shooting events will be collected at the Retreat.

Lodging and Meals: Each group will be responsible for making their own lodging and meal arrangements. **Please refer to the Jordan Grand Hotel Reservation form for Lodging Reservation Deadlines**. **Please send Jordan Grand reservations to the address on the back of the hotel reservation form.**

✍ Please **print clearly** the names of each individual in your group registering for the Retreat (Attach separate sheet of paper for additional names, if necessary):

Name: Mailing Address:	Check if participating in Golf (G), Paint Ball (PB), Rifle Range (RR), Skeet Shooting (SS) or Motorcycle Rally (MR)
1.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
2.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
3.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
4.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
5.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
6.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
7.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
8.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
9.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
10.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
11.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
12.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
13.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
14.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
15.	◻ G ◻ PB ◻ RR ◻ SS ◻ MR
Make Check Payable & Mail To: **N.N.E.D. A/G ✧ Attn: Men's Ministries Dept. ✧ 501 Riverside St. ✧ Portland, ME 04103-1034**	**Total Amount Due: $**

Men's Retreat Registration ✦ Credit Card Information:
❒ **MasterCard** ❒ **Visa** ❒ **Discover**

Total Charged to Card: $ _____

Name as it appears on Card: _____ Card Holder **Billing** Zip Code: _____

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ Expiration Date: _____

Signature: _____