



REGISTRATION FORM

To register for an RCWMS program or retreat:

Send a check and the registration form to RCWMS, 1202 Watts St., Durham, NC 27701.
To use a credit card, fill out the credit card section below.

Event Title: _____

Event Date: _____

Your Name: _____

Address: _____

City/State/Zip: _____

Phone Number: Day: _____ Night: _____

Cell: _____

E-mail Address: _____

PAYMENT

___ I am paying a deposit of \$_____ to reserve my place and will send the rest before the event.
(Deposits: \$50 for one-day events, \$100 for longer ones.)

___ I am paying the full event registration fee of \$_____.

___ I am adding a tax-deductible contribution \$_____ to help with event scholarships.

Paying by check

___ My check for \$_____, made out to RCWMS, is enclosed.

Paying with credit card (VISA or M/C)

Amount being charged: \$_____

Credit card number: _____

Exp. date: _____ CVV#: _____

Signature: _____

Special needs:

___ I have special needs (food, accessibility, etc.):