

## 2024 Bible Memorization Registration Form

## May 31-June 3, 2024

## \$250 per person, includes meals

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Housing Type	Details	
Lodge Room	101-104 Handicap Accessible Shower, 106-110	
Deluxe Cabin	21: 1 bedroom; 22-25, 30-41 2 bedrooms	
Cabin w/Kitchen	2: 1 bedroom; 3-11: 2 bedrooms	
Cabin w/o Kitchen	n 1, 12-14, 20, 26: studio 1 bed; 15-16: studio 2 beds; 17: 2 bedroom	
RV/Trailer Site	Full hookups 1-8: pull through; 9-13: back in	
	ongregation 20% discount	
Name(s)		
Address	City	
State	Zip Phone Number	
Email		
Emergency Contact	t Name & Phone#	
Name of Roomate:	<b>.</b>	
Payment Options: Make checks payable to	o Mount Carmel Ministries. PO Box 579 Alexandria, MN 56308	
Credit Card #	Exp Date/ Sec Code	
Name on Card (plea	ase print)	
Signature		
Special Medical Nee Behavior, Allergies,	eds: Please provide so we can prepare for your arrival. Thank you! (Mobility, I , etc.)	Dietary
What church do you	ou attend? (Name and City of church)	
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