

MINE 2008 Printable Registration Form

Complete form and mail with check to:

MINE
202 Wilson Avenue
Oil City, PA 16301

Circle one please: Family Couple Double Single

If choosing double: Name of preferred Roommate: _____
(Note: if choosing double and no roommate is listed one will be assigned)

Last Name: _____

First Name: _____ Spouse: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Church: _____ Conference: _____

Work Phone: _____ Home Phone: _____

Child # 1: _____ Age: ____ Child # 2: _____ Age: ____

Child # 3: _____ Age: ____ Child # 4: _____ Age: ____

Special Needs: Note: if you would like a certain type of room please describe it here and we will accommodate you as best as we can.