

KCM University Retreat 2009 Registration Form

“LOST THEN FOUND”
December 15-18, 2009

Tuesday-Friday: 15th-18th Pine Valley Conference Center, San Diego

PERSONAL INFORMATION

| | |
|--|-------------------|
| NAME: | AGE: |
| EMAIL: | TELEPHONE: |
| ADDRESS: | |
| HAVE YOU BEEN ON MISSIONS BEFORE? YES NO | WHERE? |
| WAS IT WITH KCM? YES NO | |
| SCHOOL: UCSD USC UCR UCI UCSB UCLA OTHER: | |
| YEAR: FRESHMAN SOPHOMORE JUNIOR SENIOR OTHER: | |

PAYMENT FOR UR

\$125.00 EARLY REGISTRATION FEE (DEPOSIT by NOVEMBER 22nd)
\$135.00 LATE REGISTRATION FEE (DEPOSIT DUE by DECEMBER 6th)

PAYMENT OPTION* (REGISTRATION FEE):
WE ONLY ACCEPT CASH or CHECKS. MAKE CHECKS PAYABLE TO KCM.

PARTIAL PAYMENT AMOUNT: _____ CASH/CHECK #: _____

FULL PAYMENT AMOUNT: _____ CASH/CHECK #: _____

***WE WILL NOT ACCEPT ANY APPLICATION WITHOUT A DEPOSIT OF \$50 OR FULL PAYMENT.**

T SHIRT SIZE

S M L XL XXL

EXTRA INFORMATION:

WILL YOU BE ABLE TO DRIVE TO THE RETREAT SITE: YES NO **MY CAR FITS: ____ PEOPLE**

WILL YOU BE COMING LATE DUE TO FINALS (ONLY SC): YES NO **COMING ON: ____ DAY, ____ AM/PM**

WHERE WILL YOU BE LEAVING FROM TUESDAY MORNING TO GET TO UR?: HOME SCHOOL

IF HOME, WHERE IS THAT?: _____

IS THIS YOUR FIRST TIME ATTENDING KCM UR?: YES NO **IF NO: THIS WILL BE MY ____ TIME**

