

C.A.M.P.U.S. MINISTRY

Center for Adventist Ministry to Public
University Students

Winter Retreat Registration form

February 15th – 17th, 2008

Full Name: _____ **Address:** _____
Gender: _____ **City:** _____ **State:** _____ **Zip:** _____
◇ Male ◇ Female **Phone:** _____ - _____ - _____
Email: _____

Regular: \$26.00 Onsite: \$56.00

Registration Deadline – February 8th, 2008

Please select your registration type

Total Amount Due: _____ **Payment Method:** ◇ Check ◇ Cash
Check #: _____ (If Applicable)

What is the best way to contact you?

Would you like to be put on our email list?

YES

NO

Home Church

Name of school attending

Is there a Campus Ministry active on the campus?

If Yes what is the name?

If No, would you be interested in starting a campus ministry on your campus?

Have you attended a CAMPUS retreat before?

YES

NO



Please mail this registration form, along with payment to:

CAMPUS Ministries

P.O. Box 2402

Ann Arbor, MI 48106

(No refunds are provided to no shows or cancellations received after the Registration deadlines)

For more information, contact us at 734-332-7956 or visit our website at www.campushope.org