



# REGISTRATION FORM

Firwood Family Adventure - September 3-5, 2010

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear about The Firs? \_\_\_\_\_

**FAMILY MEMBER REGISTRATION:** *Please check how many people will be in your family's cabin (RATES ARE PER PERSON; Cabin requests are honored on a first-come, first-served basis):*

\$75....Parent(s): # \_\_\_\_\_ \$ \_\_\_\_\_

\$75....Additional Adult(s): # \_\_\_\_\_ \$ \_\_\_\_\_

\$25....Child(ren): # \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL # of Family Members:** # \_\_\_\_\_ **Total \$** \_\_\_\_\_

### **PAYMENT INFORMATION:**

- **\$50 minimum** due at time of registration. Remainder is due on or before **August 1<sup>st</sup>**.
- **Cancellation fee: \$50.**

Check or Money Order enclosed \$ \_\_\_\_\_

**Please Charge my:**  Visa  MasterCard (**payment in full required for Visa/MC**)

Exp. Date \_\_\_\_\_ EIN # \_\_\_\_\_ Card Number \_\_\_\_\_

Cardholder's Printed Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Cardholder's Mailing Address \_\_\_\_\_

**Please mail completed Registration Form and payment in US Funds to:**

The Firs Registrar  
4605 Cable Street  
Bellingham, WA 98229

FOR OFFICE USE		Ttl Fee _____
Dt Rcvd _____	Cnfrm Dt _____	Dpt #1 _____
Initials _____	AR # _____	Bal Due _____
Rcpt Dt _____	Fee _____	Dpt #2 _____
Hsng _____	Ext _____	Bal Due _____