

Weekend on the Cape – Registration Form

Name: _____

Note: If registering as a group – list main contact here and roommates below. Roommates do not need to submit a separate registration form as long as the contact information and payment is included below.

Street: _____

City: _____, **State:** _____, **Zip** _____

Phone: _____ **Email:** _____

Roommate(s):

Name	Address	Phone	Email

Rates:

\$250 per person (balance due October 15th).

Please send a \$50 deposit* per person to reserve your space. Spaces are limited!

Number of people: _____ x \$50.00 = \$ _____

Method of Payment: (Note: Your payment is nonrefundable unless I can fill your spot.)

_____ **Check** (make payable to Barbara Becker and mail to address below)

_____ **VISA**, _____ **Mastercard**, _____ **Discover**

Account Number: _____ **Expiration Date** _____

Signature: _____

**Your payment is nonrefundable unless I can fill your spot.

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