

Circle Pines Center - Program Registration Form

Program name and dates _____

Name(s) (& ages of children) _____

Address _____ Phone _____

City, State, Zip _____

E-mail Address _____

Preferred lodging option _____

Would you willing to share a room or cabin with others? _____

Do you need a ride to/from the train/airport? (\$40 each way/carload) _____

If so, dates and times _____

Dietary restrictions? _____

Weekend fees: \$ _____ x # of adults _____ = \$ _____

\$ _____ x # of student/low inc. _____ = \$ _____

\$ _____ x # of children (4-17) _____ = \$ _____

\$ _____ x # of kids (3 & under) _____ = \$ _____

\$ _____ x # of pets x nights _____ = \$ _____

Total \$ _____

Deposit (20% min) \$ _____

Balance (due on arrival)\$ _____

Check enclosed _____ Visa _____ MasterCard _____ Discover _____

Credit Card No. _____ Exp. Date _____

Signature _____

Mail to: Circle Pines Center, 8650 Mullen Road, Delton, MI 49046

Fax: (269) 623-9054 Phone: (269) 623-5555 Email: info@circlepinescenter.net