

Mount Horeb House Ministries Date _____

Registration Form (Please print)

Name of Seminar/Retreat: _____

Name _____ Telephone _____
(Last) (First) (MI)

Address _____ City _____ Zip _____

E-Mail Address _____

Age _____ Date of Birth _____ Sex - Male ____ Female ____

Marital status: Single ____ Married ____ Divorced ____ Spouse's name _____

Christian? Yes ____ or No ____

Denominational preference _____ Church membership _____

Special Needs _____

In case of an emergency, contact _____ Telephone _____

Amount of deposit enclosed: _____

**Mail Completed Registration Form and \$50.00 Deposit
by Jan. 30, 2010 to:**

Dan Geroy
%Mount Horeb House Ministries
PO Box 293722
Kerrville, TX 78029