

**Mount Horeb House Ministries**    Date \_\_\_\_\_  
Registration Form (Please print)

**Name of Seminar/Retreat:** \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
          (Last)                                    (First)                                    (MI)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex - Male \_\_\_\_ Female \_\_\_\_

Marital status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Spouse's name \_\_\_\_\_

If you have children, their names and ages:  
\_\_\_\_\_

Christian? Yes \_\_\_\_ or No \_\_\_\_

Denominational preference \_\_\_\_\_ Church membership \_\_\_\_\_

Special Needs \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_ Telephone \_\_\_\_\_

Amount of deposit inclosed: \_\_\_\_\_