

BELOVED
2012 Beloved Retreat Pre-Pay Registration Form

MAIL COMPLETED FORM TO: BELOVED MINISTRIES 8005 DEPFORD WAY CUMMING, GA 30041.

CHECK BOX:

- STANDARD REGISTRATION (\$139 Total Amount):** I authorize Beloved Ministries to automatically charge \$25 per month, beginning with the month this form is submitted, and every following month, ending with February 2012, until the \$139 total is met. The amount charged in February 2012 will be the balance due to bring the total amount charged to \$139. (Example: if this form is submitted in SEPT, you will be charged \$25 in the months Sept – Jan, and \$14 in Feb; If this form is submitted in OCT, you will be charged \$25 in the months Oct-Jan, and \$39 in Feb; etc.)
- GROUP DISCOUNT (15 or more) REGISTRATION (\$125 Total Amount):** I authorize Beloved Ministries to automatically charge \$25 per month, beginning with the month this form is submitted, and every following month, ending with February 2012, until the \$125 total is met. The amount charged in February 2012 will be the balance due to bring the total amount charged to \$125. If the Group Name indicated does not end up having 15 or more registrants, you will be charged \$14 (in February 2012) to bring the final total to \$139 instead of \$125. (Example: if this form is submitted in SEPT, you will be charged \$25 in the months Sept – Jan, and \$0 in Feb; If this form is submitted in OCT, you will be charged \$25 in the months Oct-Feb; etc.) ****PLEASE INDICATE GROUP NAME IN THE APPROPRIATE SPACE BELOW.**

RETREAT REGISTRANT INFORMATION (Please PRINT clearly) :

Name : _____

Street Address : _____

City : _____ State : _____ Zip : _____

Phone: _____ Email : _____

****GROUP NAME** (if applicable) : _____

CREDIT CARD INFORMATION :

Cardholder's Name : _____

Address (where cc bill is mailed) : _____

Card Type (please circle) : VISA MASTERCARD DISCOVER

Card Number : _____ Expiration Date : ____ / ____ Code from Back of Card : _____

I have read, understand and agree to the information, terms and conditions listed above.

Cardholder's Signature : _____ Date : _____

Cancellation or suspension of agreement above, must be made in writing and is subject to the Retreat Registration Cancellation Policy: Registration is non-refundable less than 30 days prior to the event. For refunds prior to the 30-day period before the event, send complete information to Beloved Ministries 8005 Depford Way Cumming GA 30041. Refund requests must be postmarked before the 30-day period prior to the event. Customers will be charged a \$10 fee for each registration refunded. If you registered through a church, group or individual, you must contact them regarding refunds. Refunds are not granted within the 30-day period prior to the event.