

REGISTRATION FORM: TAMAR SPEAKS SURVIVORS RETREAT
April 21, 2018 8:30 AM – 3:00 PM

Name: _____ Church: _____(Optional)

Preferred phone: _____ Email: _____

Address: _____

City, State and Zip Code: _____

May we add you to our Safe Church / Safe Places mailing list? Yes No

Dietary restrictions? No Yes explain _____

Physical restrictions? No Yes explain _____

Any other concerns you would like us to know about? _____

REGISTRATION DEADLINE IS APRIL 9TH

Cost is \$35.00 (includes lunch). Funding support available for those in need! To pay by check or credit card mail this registration form to Samaritan Counseling Center, Attn: Deb Helt, 1803 Oregon Pike, Lancaster, PA 17601. If you prefer to register by phone, contact Deb at 717-560-9969 ext. 273.

Credit Card

Name on Card _____

Billing Address for the Card _____

Credit Card Number _____ Type: Visa/MC/Discover (circle one)

Exp. Date _____ CVV Number (back of card) _____

Total to be Charged \$ _____

Signature _____ Date _____