LAMA FOUNDATION RETREAT REGISTRATION FORM

Please refer to the Registration and Refund Policies

Name of Retreat:_____ dates:_____

Name:_____

Additional Names:_____

Children's Names:_____ ages:_____

Mailing Address:_____

City_____ST_____ZIP_____

Best Phone # :_____ other phone:_____

e-mail:_____

I wish to receive confirmation and retreatant info by: e-mail postal mail (circle one)

Housing (check one) : _____ I will bring a tent
_____ I request a car camping space
_____ I request dorm space at $10-$15/day

Carpool: _____ I can offer a ride _____ I need a ride

Retreat cost : $_____ x ____ number of adults = $_____

+ 1/2 retreat cost $_____ x ____ number of children = $_____

+ cost of indoor accommodations at $10-$15/night/person = $_____

Total = $_____

Deposit Due (50%) = $_____

Enclosed payment = $_____

Balance Due 30 days prior to Retreat = $_____

If registering within 30 days of the retreat, 100% of the total is due.
Please pay by check or money order (payable to Lama Foundation), or by VISA or MasterCard.

Name as it appears on card:_____Exp. Date_____

VISA/MasterCard number:_____3-Digit Code_____

Please send this form, payment, and any correspondence to:

Registrar
Lama Foundation
P.O. POX 240
San Cristobal, NM 87564

Questions?
575-586-1269
registrar@lamafoundation.org