

**Registration Form  
Christian Dance Fellowship Retreat  
October 18-19, 2019**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**I am registering for: (enter number of people)**

\_\_\_\_ **Whole conference - Adults: \$35**

\_\_\_\_ **Early bird \$25 (paid by October 9)**

\_\_\_\_ **Children 15 and under accompanied by an adult \$25**

\_\_\_\_ **\$10/person to stay overnight on Friday**

**There are a few scholarships available - call for more info Barb 607-432-0988**

**Some optional info to help us better serve you...**

**Church affiliation, if any ?**

**What dance experience do you have?**

**What areas of dance would you like to explore more?**

**Please mail completed form with registration fee to:**

**Barb Field, 2312 State Highway 205, Mount Vision, NY 13810**