

REGISTRATION FORM
July 28 - August 1, 2007

UMASCE CONSULTATION 2007
Alton L. Collins Retreat Center, Oregon

Name(s) of Participant Member(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Work Email _____

Alt. Phone _____ Home email _____

Other Adults in Family/Party (13 years or older)

Name _____

Name _____

Children (Ages 3-12)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Costs:

Registration Fee: \$35 for all adult participants

Lodging and Meals: \$390 for adults(Ages 13 and up) (covers all meals, lodging,
and refreshments during meetings, shuttle service and special
trip to mountains.)

\$200 for children (Ages 3-12)

Reservations:

Registration Fee \$35 X ____ No. of Adults\$ _____

No. Adults ____ X \$390.....\$ _____

No. Children ____ X \$200.....\$ _____

Type of Lodging: ____Single ____Double ____Triple/quad

Total amount due\$ _____

Amount Paid at Registration (Minimum of \$35.00).....\$ _____

Balance Due by July 21, 2007.....\$ _____

Signed _____

**Make Checks payable to "UMASCE" and mail to
Ben Marshall, 4225 BluffviewBlvd. Dallas, TX 75209.**