



**HEART REVOLUTION
UNVEIL
MAIL REGISTRATION FORM**



Event Date: **October 28-31, 2010**

Cost: <i>(check box of appropriate rate)</i>		<u>Registration Dates</u>	<u>Individuals</u>	<u>Groups</u>	<u>Leaders</u>
	Early:	Sept 1 – 21	<input type="checkbox"/> \$229	<input type="checkbox"/> \$219	<input type="checkbox"/> \$209
	Regular	Sep 22 – Oct 15	<input type="checkbox"/> \$249	<input type="checkbox"/> \$239	<input type="checkbox"/> \$229
	Late/Onsite:	After Oct 15	<input type="checkbox"/> \$269	<input type="checkbox"/> \$269	<input type="checkbox"/> \$259

Location: **Castaway Club Camp
On Pelican Lake- Detroit Lakes, Minnesota**

Attendee Name: _____
Attendee Address: _____
Attendee City, ST, Zip: _____
Attendee Phone: _____
Attendee Email: _____

PAYMENT:

- Check #:** _____ *(Make Payable to: Heart Revolution)*
- Visa** **MasterCard** **Discover**

Cardholder Name: _____
Card Number: _____
Expiration Date: _____ / _____ **Card Security Code:** _____
Billing Address: Same As Above, or: _____
Billing City: _____ **Billing State & Zip:** _____

ADDITIONAL ATTENDEE INFORMATION:

Emergency Contact: _____ **Emergency Phone:** _____
Roommate Request #1: _____ **Roommate Request #2:** _____
Women's Group or Church Name: Solo Yes, named: _____
Special Dietary or Medical Needs: No Yes, details: _____
Interested in Carpooling: No Yes, from: _____
Interested in Offsite Activities: Golf Horseback Riding
Heard about event: Friend Church/Women's Group Counselor Poster Flyer Video
(check all that apply) Attended Before Referred By: _____ Other: _____

GROUPS ONLY: *(list other members of group- all members of group must register together)*

Group Name: _____
Group Member #1: _____ **Group Member #3:** _____
Group Member #2: _____ **Group Member #4:** _____

Register Online: www.HeartRevolution.com

Or Mail To: Heart Revolution, 3500 Vicksburg Lane #222, Plymouth, MN 55447-1334