

REGISTRATION FORM – 2017 FALL PRESBYTERY

Please complete and **return (with check) by AUGUST 27, 2017** to:

MOUNTAIN VIEW PRESBYTERIAN CHURCH

ATTENTION: Registrar Karen Stokes, 8601 Del Webb Blvd., Las Vegas, NV 89134

Contact: Karen Stokes (cell) 225-276-9890, email: KarenStokes@mviewpc.org

NAME: _____

ADDRESS: _____

HOME PHONE: _____ E-MAIL: _____

CHURCH: _____

POSITION: _____

Ex: Pastor, Elder Commissioner, Committee Chair, Committee Member, Guest, etc.

LODGING:

Single Occupancy: \$75.00 per night

Sunday __, Monday __, Tuesday __ . $\$75 \times \# \text{ } \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$

Double Occupancy: \$33.00 each per night.

Sunday __, Monday __, Tuesday __ . $\$33 \times \# \text{ } \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$

I need handicap accommodation _____ Please assign a roommate _____

Name of person you are sharing room with _____

MEALS:

Breakfast \$11.00 per person, per day

Monday __ Tuesday __ Wednesday __ $\$11.00 \times \# \text{ } \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$

Lunch \$12.00 per person, per day

Monday ____ Tuesday ____ $\$12.00 \times \# \text{ } \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$

Bag Lunch per person, per day

Wednesday ____ $\$ 9.00 \times \# \text{ } \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$

Dinner \$15.50 per person, per day

Monday ____ Tuesday ____ $\$15.50 \times \# \text{ } \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$

TOTAL ENCLOSED _____

Please make all checks payable to Presbytery of Nevada