

REGISTRATION FORM

First Name _____ Middle Name _____

Last Name _____
(exactly as full name appears on passport)

Address _____

City _____ State _____ Zip _____

Email or Fax _____ Phone () _____

Date of birth (**m/d/year**) _____ Place of birth _____

Hotel Information -- Circle Room Choice: Single / Twin / Matrimonial / Triple

Roommate Name(s): _____

Enclosed is a \$500 deposit for _____ person(s) = \$ _____

Make check payable to Diocese of Cheyenne and mail to:

Dorene McIntyre
Diocese of Cheyenne
P.O. Box 1468
Cheyenne, WY 82003-1468

I have read all the terms and conditions and with this enclosed deposit, accept and agree to them.

Signature _____ Date (**m/d/year**) _____

Passport # _____ Date issued (**m/d/year**) _____

Dietary restrictions _____

Delta Airlines Skymiles # _____