

**Way of The Cross Ministry  
The Altar of God Retreat  
Registration Form**

|                        |   |
|------------------------|---|
| <b>Name:</b>           | <b>Age:</b> Sex: <b>M</b> <input type="checkbox"/> or <b>F</b> <input type="checkbox"/> |
| <b>Address:</b>        | <b>Email:</b>   |
| <b>City/State/Zip:</b> | <b>Phone Number:</b>  |

**Are you interested in our payment plan?**      Yes       No

**Payment Plan:**

\$50 – **Initial Deposit** Feb 25, 2019  
\$50 – **2<sup>nd</sup> Payment** Mar 8, 2019  
\$50 – **3<sup>rd</sup> Payment** Apr 1, 2019  
\$50 – **4<sup>th</sup> Payment** May 1, 2019  
\$55 – **Last Payment** May 15, 2019

**Method of Payment:**  
Paypal  Check   
Amount: **Full** \_\_\_\_\_      **Partial** \_\_\_\_\_

Are you attending the retreat with someone? If so, who?  
Do you have a roommate preference?

Do you give permission to use your picture on the Way of The Cross Ministry/River Of God/Altar of God Website? **Yes**       **No**

**Medical Information**

Special Needs Medical (include all allergies, prescriptions, etc.)

Special Needs Physical or Dietary:

Emergency Contact Name & Phone Number:

Please complete form and email to [wayofthecrossm@yahoo.com](mailto:wayofthecrossm@yahoo.com) or mail along with a check payable to Deborah Graham Torres 405 Hamburg Turnpike; Pompton Lakes, NJ 07442