

SINGLE PARENT WITH CHILD(REN) OR IF YOU PREFER SINGLE HOUSING

Mr. Ms. Mrs.

Name(s) Preferred on Badge: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Number of Children: _____ Ages: _____ Name(s): _____

REGISTRATION/HOUSING (18 years old and above)

Please note: The feast package rates below include registration, housing reservations, as well as meals for persons who will be staying at the **Embassy Suites Hotel**. Limited rooms are available.

Hotel check-in time: 3pm, Sept. 29/Hotel check-out time: 12pm, Oct. 7

This is My First Feast

Name for Hotel Reservation: _____

Check-In Date: _____

Check-Out Date: _____

	<u>By August 16, 2010</u>	<u>After August 16, 2010</u>
Registration/Housing/Meals (8-day package with 7 daily meals)	<input type="checkbox"/> \$1,855	<input type="checkbox"/> \$2,005
Registration/Housing (8-day package without meals)	<input type="checkbox"/> \$1,705	<input type="checkbox"/> \$1,815
Daily Rate/Housing/Meal (Daily rate with 1 meal)	<input type="checkbox"/> \$255 x _____ nights	<input type="checkbox"/> \$265 x _____ nights
Daily Rate/Housing (Daily rate without meal)	<input type="checkbox"/> \$225 x _____ nights	<input type="checkbox"/> \$235 x _____ nights
Early Arrival (Before September 29th)	<input type="checkbox"/> \$150 x _____ nights	<input type="checkbox"/> \$150 x _____ nights
Method of Payment:	<input type="checkbox"/> Money Order(s) <input type="checkbox"/> Cashier's Check(s)	Total Enclosed: \$ _____

REGISTRATION ONLY (18 years old and above)

Please note: The feast package rates below are for persons who are *not* staying at the **Embassy Suites Hotel**.

Arrival Date: _____

Departure Date: _____

	<u>By August 16, 2010</u>	<u>After August 16, 2010</u>
8-Day Registration Package	<input type="checkbox"/> \$685	<input type="checkbox"/> \$765
Registration Daily	<input type="checkbox"/> \$90 x _____ nights	<input type="checkbox"/> \$95 x _____ nights
Luncheon 6-Day Package	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210
Daily Luncheon	<input type="checkbox"/> \$30 x _____ days	<input type="checkbox"/> \$30 x _____ days
Method of Payment:	<input type="checkbox"/> Money Order(s) <input type="checkbox"/> Cashier's Check(s)	Total Enclosed: \$ _____

NOTE: Cashier's checks or money orders are to be made payable to **THE FEAST COMMITTEE**. No personal checks will be accepted. (Checks will be promptly returned to you without notification. If the replacement money order or cashier's check is not postmarked by August 16, 2010, you must pay the regular registration rate.) **Do not mail your registration fees to The Feast Committee after September 3, 2010. U.S. Postal Money Orders please!**

Send this form and payment to:

The Feast Committee
P. O. Box 1138
Seguin, TX 78156-1138
Telephone: (210) 678-3062