2016 REGISTRATION

(to print and mail in)



APPALACHIAN HOMECOMING

Select one of 3 five-day sessions:
I plan to attend:
☐ May 23-27, 2016
☐ May 30-June 3, 2016
☐ June 6-10, 2016
First Time Attendee?
☐ Yes ☐ No
☐ Mr. ☐ Mrs. ☐ Ms.
Name
☐ Married ☐ Single ☐ Widow(v)
Spouse Name
Name(s) you prefer on name tags
Address
City
State Zip
Phone ()
Email
Birthdates: His// Hers//
Church
City State
☐ I want to be housed with (Name of Group)
Name of minister to senior adults or group leader:

☐ Husband and Wife ☐ Single: ☐ Sharing a room with ☐ Private room (if you do not have a roommate, you must pay for a private room.)
☐ Program & meals only (no lodging)
□ RV parking (full hookup)
☐ Special needs
COSTS Sent by April 15: \$250 per person/2 people sharing room \$280 per person/1 person in room \$180 per person/RV parking
\$140 per person/no lodging needed
Sent after April 15:
Add \$10 to above fees.
Enclosed is my payment \$ ☐ Check (preferred method)#
☐ Visa ☐ Mastercard ☐ Discover
Card No
Name on Card
Exp. Date
Security Code (Back of Card)
Date
Make out check to & mail to:

Make out check to & mail to: JOHNSON UNIVERSITY 7900 Johnson Dr. Knoxville, TN 37998

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