

FESTIVAL OF FAITH & MUSIC 2011

GROUP REGISTRATION FORM

- Mail completed form and payment (credit card information, check or money order in U.S. funds) to: FFM 2011, Calvin College Student Activities Office, 1765 Knollcrest Circle SE, Grand Rapids, MI 49546.
- Please make checks payable to Calvin College.
- All prices are in U.S. dollars. Payment will be processed at the current exchange rate.
- Non-students registering with groups of 4 or more can receive the \$75 student rate, but no student housing.
- Early registrations must be received or postmarked on or before 12/31/10 to receive discounts.
- Festival registration begins at 4 p.m. in the Covenant Fine Arts Center West Lobby on Thursday, April 7.
- **PLEASE NOTE: Payment must be made in full in order for group registrations to be considered confirmed.** Refunds for cancellations will be given in accordance with the refund policy posted on the Festival web site.

Primary Contact Registrant Information

(list additional registrants on following page)

First Name

Last Name

Street Address

City

State/Province

Postal Code

E-mail

(_____) _____ - _____
Phone

Registration Level

- Regular (\$125 or \$100 by 12/31/10)
- Student (\$75 or \$65 by 12/31/10)
School: _____
ID #: _____
- On-campus housing (\$25)*
Emergency contact #: _____
- Calvin ID (\$50)
ID #: _____

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How did you hear about the Festival?

- Festival mailing
- Announcement posted: _____
- Print ad in: _____
- Word of mouth
- Other: _____

* On-campus housing is available for current high school and undergraduate college students only. Accommodations will be in the dorms with current Calvin students, so please bring a pillow and sleeping bag. The non-refundable fee includes two meal tickets for the campus dining halls.

Payment Information

Name

Address

City

State/Province

Postal Code

_____ Regular Reg. @ \$125 = \$ _____
(*\$100 by 12/31/10*)

_____ Student Reg. @ \$75 = \$ _____
(*\$65 by 12/31/10*)

_____ Calvin ID Reg. @ \$50 = \$ _____

TOTAL AMOUNT DUE \$ _____

Form of Payment

- Money order
- Check
- Credit Card (Visa, Mastercard, Discover)

_____ - _____ - _____ - _____

Exp. _____ / _____

*Verification code: _____

(**These are the last 3 digits printed on the signature strip on the back of your card.*)

group contact person: _____

First & Last Name

Street Address

City, State/Province

Postal Code E-mail

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