



TAMBO RETREAT CENTER REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: _____ EMAIL: _____

INTERCHURCH COUPLE

INTERFAITH COUPLE

CLERGY

OTHER: _____

CAR REGISTRATION: _____

EMERGENCY CONTACT TEL. #: _____

DONATION MADE \$

DATE OF RETREAT: _____

