

STEP ONE FORM

Redeemed

| Please return this form, along with your deposit | First Name: |
|---|--|
| to register for Step 1. | Last Name: |
| Return by Mail: Favored Women P.O. Box 2034 Woodstock, GA 30188 | Contact Email: Contact Phone: Alternate: Church Name: |
| Return by Fax: 770-592-8239 | Mailing / Street Address: Mailing / City: Mailing / State: Mailing / Zip: |
| DEPOSIT CALCULATION | NUMBER OF PARTICIPANTS TOTAL COST OPTION ONE: x \$129 Per Person = OPTION TWO: ESTIMATED NUMBER OF PARTICIPANTS = \$200 |
| PAYMENT INFORMATION | Enclosed is a check to Favored Women for our total deposit above. |

By signing below, you acknowledge that you have read and understand the enclosed policies and information (including the cancellation and refund policies) and that you agree to abide by them. You also authorize the above credit card (if applicable) to be charged for the registration deposits necessary to complete your registration.

Signature:

Date:

Please note that a 3.9% convenience charge will be applied to all credit card transactions paid online, by phone, or in person.

