



WMUV Shine 2012 Reservation Form

Church Name: _____ Church Phone: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Contact Person's Name: _____

Contact Person's Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Home Telephone: _____

Fax: _____ E-mail: _____

Is your church a Baptist General Association of Virginia (BGAV) Church? _____ Yes _____ No

How many nights are you staying? Two nights (Fri.-Sun.) _____ One night (Sat.-Sun.) _____

Total Number of Reservations for the Group: _____

Please provide a list of attendees with gender and age specified. Call WMUV at 800.255.2428 if you wish to order t-shirts.

Type of Accommodations Requested (Please indicate 1st and 2nd choice):

For Lodges: Hotel Basis _____ or Rental Basis _____

For Rental/Lodge Owners: Meals _____ Yes _____ No _____ Linens _____ Yes _____ No

Special Requests: _____

<p>Deposit Amount Due: \$ _____</p> <p>Charge To (Circle One): VISA / MasterCard / Discover</p> <p>Card #: _____ Expiration Date: _____</p> <p>Name on Card: _____</p> <p>Signature (Required): _____</p>
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