



Me & My Mate Get Away Registration Form

Your Name: _____

Your Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone #s: home: _____ cell: _____

Method of Payment

Check | **Credit:** Visa MasterCard

Credit Card #

Exp. Date

Cardholder's name (print)

Billing Zip Code

Signature

FINAL PAYMENT IS DUE BY SEPTEMBER 30

Make checks or money orders payable to

"Go Ye..." Ministries Worldwide, Inc.

Mail to: PO Box 1391, Lanham, MD 20703-1391

Sista Girl Get Away Registration Form

(Please include a registration form for each person with their payment)

Your Name: _____

Your Sista's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone #s: home: _____ cell: _____

Method of Payment

Check | **Credit:** Visa MasterCard

Credit Card #

Exp. Date

Cardholder's name (print)

Billing Zip Code

Signature

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