

Office Use Only

Date Received _____
Check # _____ \$ _____
Room # _____
Credit/Underpayment: \$ _____


TCA Registration

Kevin and Stephanie Jenkins
2402 Nilelake Ct.
Friendswood, TX 77546
July 8-13, 2023

Please Make Checks Payable to: **Texas Christian Ashram**
To pay online via PayPal or Credit Card, please register at
www.texaschristianashram.org.

Enclose Registration Fee Only
_____ Adult(s) _____ Dependent(s) For a Total of \$ _____

Registration Fees

Adult: \$20.00 each; **Dependent** (birth - college): \$15.00 each 
Registration will not be accepted without a nonrefundable Registration Fee.

Address: _____ City: _____ State: _____ Zip: _____

Attendee Information

Adult(s)	Sex	Phone Number	Email

Dependent(s) (24 and under)	Sex	Age as of July 2023	Grade Going Into 2023 School Year

~~Use one form per room request, but specify if they are to be invoiced separately~~

Food and Lodging

Please select a first, second, and third choice:

Hamiter Lodge ___ Shrum Lodge ___ TCA Lodge ___ Cabin ___ RV Spot ___
Dorm ___ I would like my same room from last year, please! # _____

Please check here if you are staff and will be staying 6 nights (Friday – Thursday)

If not, please indicate your first and last meal: **FIRST** meal: _____ (day) Breakfast Lunch Dinner
LAST meal: _____ (day) Breakfast Lunch Dinner

Please List Any Special Requests (Handicap Room, Allergies, etc.):

