



## The Magic Parties Summer Retreat Registration Form

*(This registration form must be mailed in. Sorry no on line registration available)*

**First Name:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone:**

**Cell phone:**

**Payment Options:** Fee: \$150.

I am paying by check: amount enclosed \$ \_\_\_\_\_

Checks are to be made out to The Magic Parties

I am paying by credit card amount to be charged to my card \$ \_\_\_\_\_

My credit card # is \_\_\_\_\_ & exp date \_\_\_\_\_

Please mail this form to Wendy Capland, The Magic Parties, PO Box 979,  
Westford, MA 01886

*Sorry. No refunds for cancellations.*