

Menno Haven  
May Day *Senior* Getaway

Registration Form (one per person/couple)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

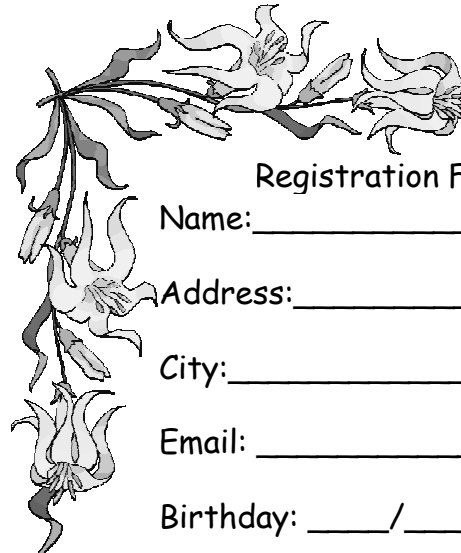
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ M / F

For questions please contact Jennifer

9301 1575 East St, Tiskilwa IL 61368 (815) 646-4344  
program@mennohaven.com www.mennohaven.com



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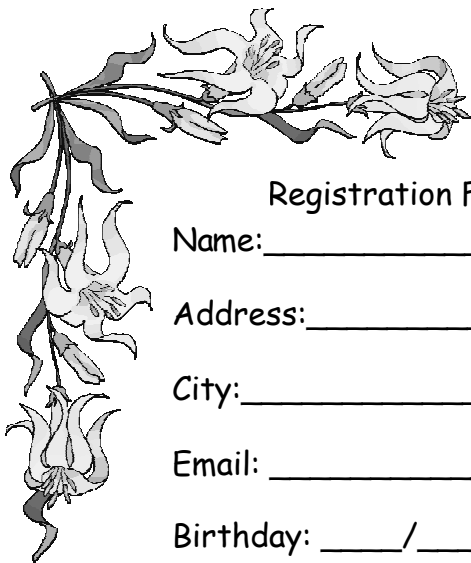
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