



Mid America Dharma *Deferred Payment Plan*

State, Zip _____

Phone _____ Date _____

I am requesting deferred payment plan for the retreat led by:

_____ at _____

dates attending _____

I am making the required deposit of \$ _____

leaving a balance of \$ _____ .

I plan to pay off the balance as follows (*all payments must be completed within three months of the first day of the retreat and not exceed three payments plus the deposit*) :

<u>Date</u>	<u>Payment Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please return the registration form with the required deposit to the retreat registrar.

Only one deferred payment may be outstanding at any one time for Mid America Dharma retreats.

Please return this deferred payment application to: Joe McCormack, 2756 County Road 338, New Bloomfield, MO 65063, Phone (573) 491-3431, E-mail: metta41856@embarqmail.com.