

4/24/2009

# REGISTRATION FORM for: Religious Education Week 2009

Arrive: Day, 7/5/2008 before Dinner Depart: Day, 7/10/2008 after Lunch



**The Mountain**  
 Retreat & Learning Center  
 PO Box 1299 • Highlands, NC 28741  
 828-526-5838 • Fax: 781-846-1295  
 info@mountaincenters.org  
 www.mountaincenters.org

- Use this form to register up to 2 adults and/or 3 youth; if you need to register more than 2 people, please copy this form and attach. Enter ALL names as you want them to appear on name list.
- Use a separate registration form for anyone with a different address.
- Parents bringing youth must register by June 21!!
- Please print clearly — all fields are required.

Name(s): \_\_\_\_\_

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

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

How did you hear about this program? \_\_\_\_\_

Organization/Congregation (no acronyms): \_\_\_\_\_

Names of Adults (Last, First, Middle Initial)	Gender	Relationship to Registrant Above	Age (optional)	Fees
1)				
2)				

**Package Rate:** (Per person and includes lodging, program & meals)  
 Adult Shared Occupancy **\$598 \***

\* \$75 deposit per adult due with registration to assure your space.

<b>Total Adult Fees:</b>	\$
<b>Less \$75 per Adult Deposit:</b>	\$
<b>Amount Enclosed:</b>	\$
<b>Balance Due by 7/1/09:</b>	\$

Names of Youth (Last, First, Middle Initial)	Gender	Birthdate	Relationship to Registrant Above	Age (required)	Fees
1)					\$
2)					\$
3)					\$
					<b>Fee Totals:</b>

**Youth Rates:** (Per person): Age 4 to 17: \$230 Infants 0 to 3: FREE. infants

**Total Youth Fees:** \$

**ALL youth and infants MUST BE REGISTERED by JUNE 21! Thank you.**

**Plus Adult Balance:** \$

**Total Youth + Adult Balance:** \$

**Housing Considerations:** Room requests will be honored based on availability. Requests for specific cabins or rooms not guaranteed. Housing assigned on a first-come/first-served basis except for mobility needs. If you do not indicate a roommate preference, another registrant may be assigned as roommate. Roommates (if not registering together): \_\_\_\_\_

Handicapped accessible Room: Yes \_\_\_\_\_ No \_\_\_\_\_ Mobility Needs Description: \_\_\_\_\_

Other Special Housing Needs (e.g., crib): \_\_\_\_\_ (limited availability – strongly suggest bringing your own)

**Food Preferences:** Vegetarian \_\_\_\_\_ Vegan \_\_\_\_\_ Allergies \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

**NO SMOKING in ANY Mountain buildings. Smoking allowed only in an outdoor designated smoking area.**

**Payment Information: NON-REFUNDABLE DEPOSIT of \$75 per adult due at registration. Full payment (adult balance + total youth fees) required July 1 to assure your housing!**

\_\_\_\_\_ Check –\$\_\_\_\_\_ (payable to The Mountain) \_\_\_\_\_ Charge \$\_\_\_\_\_ to Visa, Mastercard or Discover credit card:

Name on Card (please print): \_\_\_\_\_

Card Acct #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Cvv Code \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Cancellation Policy: \$75 deposit per adult non-refundable. Full payment due by July 1.**

- Unless otherwise informed, The Mountain will consider your registration as permission to use photographs and audio/video recording of you and your group for Mountain promotion, its website or news media coverage.
- The Mountain assumes no liability for accidents, illnesses or their treatment while you are a guest.
- **In Case of Emergency:** Please provide the following for contact information purposes:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Office use only prog. no.	Payment received	Housing	Data	Confirmed
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