

REGISTRATION FORM for: First Ext UU Church Retreat

Arrive: Friday, 10/22/2010 between 3 and 7 pm Depart: Sunday, 10/24/2010 after Lunch

- 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.
- Use a separate registration form for anyone with a different address.
- Please print clearly.



Names(s): _____

Address: _____

City: _____ ST _____ Zip _____ Email Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

How did you hear about this program? _____

Names of Adults (First & Last)	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age	Fees
1)					
2)					
Subtotal Fees:					\$ _____

Package Rate: (Per person and includes lodging & meals)

Adult Shared Occupancy **\$150**

Donation: Your financial support helps The Mountain continue to work for the common good. Please consider a contribution of any amount. Thank you!

Contribution to The Mountain \$ _____

Total Adult Fees: \$ _____

Names of Youth (First & Last)	Gender	Age	Relationship to Registrant Above	Been to The Mtn. Before?	Fees
1)					
2)					
3)					
Youth Rates: (Per person): Age 13 to 17: \$52 Age 4 to 12: \$40 Age 0 to 3: \$0					Total Youth Fees: \$ _____

TOTAL DUE: \$ _____

Housing Considerations:

(Room requests will be honored based on availability. Requests for specific cabins or rooms not guaranteed. Housing assigned on first-come/first-served basis except for mobility needs. All beds are twin-size. If you do not indicate a roommate preference, other registrants may be assigned as roommates.)

Roommates (if not registering together): _____

I prefer to be housed in a Cabin: _____ the Lodge: _____ (both options are subject to availability)

Handicapped accessible Room: Yes _____ No _____ Mobility Issues/Needs: _____

Food Preferences (if applicable):

Vegetarian _____ Vegan _____ Allergies _____ Other (Please explain) _____

- 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 _____

Cancellation Policy:

For cancellation notices received in writing 30 days or more prior to program start date, fees paid less a \$35 per registration administrative fee will be refunded. Cancellations less than 30 days prior to program start will receive a refund of fees paid less a \$60 administrative fee per registration. All cancellation notices/refund requests must be made in writing and be received by The Mountain prior to the program start.

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

Payment Information: Full payment due at registration.

_____ Check – \$ _____ (payable to The Mountain) _____ Charge \$ _____ to my Visa/MasterCard/Discover credit card:

Name on Card (please print): _____

Card Acct #: _____ Exp. Date _____ Cvv Code _____

Authorized Signature: _____