

REGISTRATION FORM for: Native Voices - Don Mariano



Arrive: Friday, 6/4/2010 between 3 – 7 pm. Depart: Sunday, 6/6/2010 after Lunch

- Use this form to register up to 2 adults; 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 — all fields are necessary.

Name(s): _____

Address: _____ City: _____ ST _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____ Email Address: _____

How did you hear about this program? _____

Names of Adults	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age (optional)	Fees
1)					
2)					
Package Rate: (Per person; includes lodging & meals) Adult Shared Occupancy \$160 The Mountain relies on the generosity of members and friends to continue its work in Peace, Justice and Sustainability for generations to come. Please consider a \$50 membership or donation of any amount. Thank you!			Total Package Rate: \$ _____ Contribution to The Mountain \$ _____ Total Adult Fees: \$ _____		

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, other registrants may be assigned as roommates. All beds on The Mountain are twin size)

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) _____

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

- 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.

Payment Information: Full payment due at registration.
 _____ Check – \$ _____ (payable to **The Mountain**) _____ Visa/Mastercard/Discover – charge \$ _____ to my credit card:
 Card Acct #: _____ Exp. Date _____ C V V Code _____
 Name on Card (please print): _____ Authorized Signature: _____