

REGISTRATION FORM for: UUMAN Retreat



Arrive: 10/8/2010 between 3 – 7 pm. **Depart:** 10/10/2010 after Lunch

- 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 (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 \$160

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 date of registration, availability, mobility needs, and other considerations. Requests for specific cabins or rooms cannot be guaranteed.
 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 and cannot be guaranteed)

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

Food Preferences (if applicable):

Vegetarian _____ Vegan _____ Allergies _____

- 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: _____