

REGISTRATION FORM: Mountain Camp Staff Reunion 2012

Arrive: Friday, 8/10/2012 between 3 and 6 pm Depart: Sunday, 8/12/2012 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.
- Note early arrival option on Thursday includes 4 meals @ \$95/adult Yes ___ No ___



PO Box 1299 · Highlands, NC 28741
828-526-5838 · Fax 828-526-4505
info@mountaincenters.org
www.mountaincenters.org

Names(s) _____
 Address _____
 City _____ ST _____ Zip _____ Email Address _____
 Home Phone () _____ Cell Phone () _____ Work Phone () _____
 How did you hear about this program? _____
 What years did you participate in Mountain Camp? _____

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

Reunion Rate: (Adult shared occupancy; includes 2 nights lodging & meals) @ \$190 pp.
Early arrival option on Thursday : \$95 per adult (shared occupancy – includes 4 meals)
 Donation: Your financial support helps The Mountain continue to work for the common good.
 Please consider a contribution of any amount. Thank you!

Total Adult Fees \$ _____
Contribution to The Mountain: \$ _____

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

Housing Considerations: Room requests will be honored based on availability. Requests for specific cabins or rooms cannot be guaranteed. Housing is 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 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/wheelchair accessible room needed: Yes ___ No ___ Any special requests? _____

Food Preferences (if applicable):

Regular Awesome Food ___ Vegetarian ___ Vegan ___ Allergies? _____

- 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 and related 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: _____

Billing Address (if different):