

REGISTRATION FORM **Volunteer Work Weekend 2012**



Arrive: Fri, March 30, 2012 between 3 – 7 pm. **Depart:** Sun, April 1, 2011 after Lunch

▪ **Please print clearly — all fields are necessary.**

PO Box 1299
Highlands, NC 28741
ph 828.526.5838 fax 828.526.4505

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)					

Package Rate: Adult Shared Occupancy \$70.00

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 donation.** Thank you!

Subtotal Adult Fees: \$ _____

Contribution to The Mountain \$ _____

Total Adult Fees: \$ _____

Names of Youth (First & Last)	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age	Fees
1)					
2)					
3)					

Youth Package Rates: Ages 13 to 17: \$70.00

Total Youth Fees: \$ _____

TOTAL DUE: \$ _____

Housing Considerations: NO SMOKING IN BUILDINGS – ASK ABOUT DESIGNATED AREA FOR SMOKERS

Housing will be assigned in consideration of group and individual needs and availability. If you do not indicate a roommate preference, a same gender roommate may be assigned.

Roommates (if not registering together): _____

Handicapped/wheelchair accessible room needed: Yes _____ No _____

Mobility issues/needs (please specify): _____

Food Preferences: Omnivore ____, vegetarian ____, vegan ____, Quantities are prepared according to these selections. Please choose one for your stay.

Omnivore _____ Vegetarian _____ Vegan _____ Allergies (please specify): _____

▪ 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:

Please help us conserve our resources by letting us know of any change of plans as soon as you know. Once registered, our volunteer coordinator will be counting on you for specific tasks which will have to be met by others should you be unable to attend.

Payment Information: Full payment due is due with this registration.

____ Check \$ _____ (payable to The Mountain) or Visa / MasterCard / Discover charge \$ _____ to my credit card:

Card Acct #: _____ Exp date: _____ C V V Code _____

Name on Card (please print): _____ Authorized Signature: _____

Card Billing Address if different from above (Street #) _____ (zip) _____

office use only: Program # 2721

Payments

Housing

NED

Confirmation