

REGISTRATION FORM for: UUFA Congregational Retreat

Arrive: Friday, 10/10/2008 before Dinner Depart: Sunday, 10/12/2008 after Breakfast



- 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. Enter ALL names as you want them to appear on name list.
- Use a separate registration form for anyone with a different address.
- Please print clearly — all fields are required.

Names(s): _____

Address: _____

City: _____ ST _____ Zip _____

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

Email Address: _____

How did you hear about this program? _____

Organization/Congregation (no acronyms): _____

Names of Adults (Last, First, Middle Initial)	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age (optional)	Fees
1)					
2)					
Package Rate: (Per person and includes lodging, program & meals) Adult Shared Occupancy \$150.00				Total Adult Fees:	\$

Names of Youth (Last, First, Middle Initial)	Gender	Birthdate	Relationship to Registrant Above	Been to The Mtn. Before?	Grade in School	Fees
1)						
2)						
3)						
Youth Rates: (Per person): Age 4 to 17: \$38.00 Infants 0 to 3: FREE				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 a first-come/first-served basis except for mobility needs. If you do not indicate a roommate preference, another registrant may be assigned as roommate.)

Roommates (if not registering together): _____

Bed Preference: Twin: _____ Double (for 2): _____ Other Housing Needs (e.g., crib): _____

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

Food Preferences: Vegetarian _____ Vegan _____ Allergies _____ Other (Please explain) _____

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

Payment Information: Full payment due at registration.

_____ Check – \$ _____ (payable to The Mountain)

_____ Charge \$ _____ to my Visa, MasterCard or Discover credit card:

Name on Card (please print): _____

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

Authorized Signature: _____

Cancellation Policy: 50% of fees will be refunded to individuals who cancel 30+ days before their arrival date; 25% will be refunded to those canceling 29-15 days before arrival; no refund for cancellations 14 days or less before the scheduled date of arrival. For any cancellation, a minimum \$35 per adult registrant nonrefundable processing fee will be charged.

- 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 _____

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