

REGISTRATION FORM for: Performing Artist Retreat



Arrive: Thursday, 5/29/2008 before Dinner Depart: Sunday, 6/1/2008 after Lunch

- Use this form to register up to 4 adults; If you need to register more than 4 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.

Name(s): _____

Address: _____

City: _____ ST _____ Zip _____ Home Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

How did you hear about this program? _____

Names of Adults (as you wish to appear on nametags)	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age (optional)	Fees
1)					
2)					
3)					
4)					

Package Rate: (Per person and includes lodging, program & meals)
Adult Shared Occupancy \$231

Total Adult Fees: \$ _____

Payment Information: Full payment due at registration.

_____ **Check** – \$ _____ (payable to **The Mountain**) _____ **Visa/Mastercard/Discover** – charge \$ _____ to my credit card:

Name on Card (please print): _____

Card Acct #: _____ Exp. Date _____ C V V 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.

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.)

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 (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 _____

Office use only prog.no.

Payment received

Housing

Data

Confirmed