

REGISTRATION FORM: In the Midst of Violence & War... A Song of Peace

Special Guest Artist: Stefan Waligur

Arrive: Day, 12/5/2008 before Dinner Depart: Day, 12/7/2008 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.
- 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 \$143				Total Adult Fees:	\$ _____
Commuter Rate: (includes program, meals; ONLY for full participation) \$113					

Names of Youth or Students (Last, First, Middle Initial)	Gender	Birthdate	Relationship to Registrant Above	Been to The Mtn. Before?	Year in School	Fees
1)						
2)						
Youth Rates: (Per person): Age 4 to 17, and Students up to age 25: \$90 NOTE: Youth are welcome to attend with parents if they can fully participate in the program. There is no separate youth or children's program.				Total Youth Fees:		\$ _____

TOTAL DUE: \$ _____

Housing Considerations: 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): _____

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

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

NO SMOKING in any 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
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