

# REGISTRATION FORM for: UU Small Group Ministry

Arrive: Sunday, 08/17/08 before Dinner Depart: Friday, 08/22/08 before 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.

Names(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Names of Adults (Last, First, Middle Initial)	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: \$ 492.00 if registered by July 1, 2008**  
**\$ 517.00 if registering after July 1, 2008**

**Total Adult Fees: \$**

### 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 preferences, 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.

### 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 \_\_\_\_\_ CW # (3-Digit 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 1743

Payment received

Housing

Data

Confirmed