

# REGISTRATION FORM for: Counselor Reunion 2009

Arrive: Friday, 9/4/09 between 3-6 pm Depart: Monday 9/7/09 after Breakfast



- Use this form to register up to 2 adults and/or 3 youth; if you need to register more than 2 adults, please copy this form and attach.
- Use a separate registration form for anyone with a different address.
- Please print clearly.

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

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

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

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

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

Names of Adults (Last, First, Middle Initial)	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age (optional)	Fees
1)					
2)					
<b>Package Rate:</b> Adult Shared Occupancy: \$90 per person					<b>Total Adult Fees: \$</b>

Names of Youth (Last, First, Middle Initial)	Gender	Age	Relationship to Registrant Above	Been to The Mtn. Before?	Fees
1)					
2)					
3)					
<b>Youth Rates:</b> Ages 0 to 3 yrs: \$ 0 per youth Ages 4 to 12 yrs: \$60 per youth Ages 13 to 17 yrs: \$78 per youth					<b>Total Youth Fees: \$</b>
					<b>TOTAL DUE: \$</b>

**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 roommate preferences, other registrants may be assigned as roommates.)  
 Roommates (if not registering together): \_\_\_\_\_  
 Handicapped accessible Room: Yes \_\_\_\_\_ No \_\_\_\_\_ Mobility Issues/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:**  
 For cancellation notices received in writing 30 days or more prior to program start date, fees paid less a \$35 per registration administrative fee will be refunded. Cancellations less than 30 days prior to program start will receive a refund of fees paid less a \$60 administrative fee per registration. All cancellation notices/refund requests must be made in writing and be received by The Mountain prior to the program start.

- 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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