

# REGISTRATION FORM for: GSV Fall 2009

Option 1: \_\_\_\_\_ Please Check

Option 2: \_\_\_\_\_ Please Check

Arrive: Wednesday, 9/30/09 before Dinner

Arrive: Thursday, 10/1/09 before Dinner

Depart: Sunday, 10/4/09 after Lunch

Depart: Sunday, 10/4/09 after Lunch

- 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 necessary.



Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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

Names of Adults	Gender	Been to The Mtn. Before?	Age (optional)	Fees
1)	M			
2)	M			

**Package Rate:** (Per person and includes lodging, program & meals)

Option 1: Adult Shared Occupancy \$496    Option 2: Adult Shared Occupancy \$430

**Donation to The Mountain**

**Commuter Rate:** (program & meals only) \$ 277    Private Room (if Available) \$35/night

Are you a GSV Council Member? Y/N \_\_\_\_\_ Are You a Small Group Leader? Y/N \_\_\_\_\_

**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 :**

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.

**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): \_\_\_\_\_

I prefer to be housed in a Cabin: \_\_\_\_\_ the Lodge: \_\_\_\_\_ (both options are subject to availability)

Handicapped accessible Room: Yes \_\_\_\_\_ No \_\_\_\_\_ Mobility Issues/Needs: \_\_\_\_\_

**Food Preferences/Allergies :**

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