REGISTRATION FORM for: Native Voices - September 2009

The Mountain
Retreat & Learning Center
PO Box 1299 • Highlands, NC 28741
828-526-5838 • Fax: 781-846-1295
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www.mountaincenters.org

Arrive: Friday, 9/25/2009 before Dinner Depart: Sunday, 9/27/2009 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.**
- **Use a separate registration form for anyone with a different address.**
- **Please print clearly.**

Name(s): _____

Address: _____

City: _____ ST____ Zip_____Home Phone: (_____)_____Work Phone: (_____)_____

Email Address: _____

How did you hear about this program? _____

Names of Adults	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age (optional)	Fees
1)					
2)					
3)					
4)					

Package Rate: (Per person and includes lodging & meals)
Adult Shared Occupancy $168

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 (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*