

# REGISTRATION FORM for: Smoky Mountain Knitting Guild



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

**Arrive: Friday, August 21, 2009 between 3- 6pm before Dinner**  
**Depart: Sunday, August 23, 2009 after Breakfast**

- 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 and complete all fields.

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 \$160**

**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