

REGISTRATION FORM for: NW Atlanta UU Retreat

Arrive: Friday, 9/10/2010 between 3 – 7 pm.
 Depart: Sunday, 9/12/2010 after Lunch



▪ Please print clearly — all fields are necessary.

Name(s): _____
 Address: _____ City: _____ ST _____ Zip _____
 Home Phone: (____) _____ Work Phone: (____) _____ Email Address: _____

How did you hear about this program? _____

Names of Adults (First & Last)	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age	Fees
1)					
2)					

Package Rate: (Per person and includes lodging & meals)
Adult Shared Occupancy \$150
Donation: Your financial support helps The Mountain continue to work for the common good. Please consider a contribution of any amount. Thank you!

Subtotal Fees:	\$ _____
Contribution to The Mountain	\$ _____
Total Adult Fees:	\$ _____

Names of Youth (First & Last)	Gender	Age	Relationship to Registrant Above	Been to The Mtn. Before?	Fees
1)					
2)					
3)					

Youth Rates: (Per person): Age 13 to 17: \$52 Age 4 to 12 \$40 Age 0 to 3: \$0	Total Youth Fees:	\$ _____
TOTAL DUE:		\$ _____

Housing Considerations:

Requests for specific cabins or rooms cannot be 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. All beds on The Mountain are twin size. Roommates (if not registering together): _____

I prefer to be housed in a Cabin: _____ the Lodge: _____ (both options are subject to availability and cannot be guaranteed)

Mobility Issues/Needs: _____

I need a Handicapped accessible bathroom: Yes _____ No _____

Food Preferences (if applicable):

Vegetarian _____ Vegan _____ Allergies _____

- **NO SMOKING** in all Mountain buildings. Smoking allowed only in an outdoor designated smoking area.
- 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 _____

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.

Payment Information: Full payment due at registration.

_____ Check – \$ _____ (payable to **The Mountain**) _____ Visa/Mastercard/Discover – charge \$ _____ to my credit card:

Card Acct #: _____ Exp. Date _____ C V V Code _____

Name on Card (please print): _____ Authorized Signature: _____