

REGISTRATION FORM for: RE Week at The Mountain

Arrive: Sunday, 7/4/2010 between 3 and 6pm Depart: Friday, 7/9/2010 after Lunch



- Use this form to register up to 2 adults and/or 3 youth; 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.

Names(s): _____

Address: _____

City: _____ ST _____ Zip _____ Email Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

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 general programming, lodging & meals) Adult Shared Occupancy \$598				Subtotal Fees:	\$ _____

Fee for Compelling Speaker materials \$ _____
Contribution to The Mountain \$ _____

Please use an "X" if you intend to participate in the following:
I plan on participating in the *Renaissance Module*: _____ (no additional fee)

I plan on attending Barbara Busey's *Compelling Speaker Program*: _____ (There is an additional \$20 materials fee to participate in Barbara's program. Please add to your fees.)

Total Adult Fees: \$ _____

Names of Youth (First & Last)	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age	Fees
1)					
2)					
3)					
Youth Rates: (Per person): Age 4 to 17: \$230				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: _____