

REGISTRATION FORM: UU Choral Singing: The Art of Community!

August 1-5, 2010

Guest Clinician: Dr. Ken Nafziger

Arrive: 8/01/2010 between 3 – 5 p.m.

Depart: 8/05/2010 after Breakfast



- 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? _____

Your Congregation: (please give name, city and state): _____

Names of Adults (First & Last)	Gender	Relationship to Registrant Above (self, etc)	Been to The Mtn. Before?	Age: (Choose range) 18-35; 36-60; 60+	Fees
1)					
2)					
Subtotal Fees:					\$

Sliding Scale for Adults (includes housing, food and program):

Please place yourself on the scale. **\$ 400 - \$700**

Fees above base rate will contribute to sponsorships for other participants

Commuter Sliding Scale Rate: \$200 - \$700 (must participate in total program)

Total Adult Fees: \$ _____

Names of Youth (First & Last)	Gender	Relationship to Registrant Above	Been to The Mtn. Before?	Age	Fees
1)					
2)					
Youth Rates: (Per person): Age 4 to 17: \$185 Age 0 to 3: \$0 (no fee)				Total Youth Fees:	\$
PLEASE NOTE: No separate youth program; children and youth are welcome if they can fully participate with parents				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: _____