

REGISTRATION FORM for: UUTC/Brevard Retreat



Arrive: Friday, 9/24/2010 between 3 – 7 pm.

Depart: Sunday, 9/26/2010 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 (optional)	Fees
1)					
2)					
					Subtotal Fees: \$ _____

Package Rate: (Per person and includes lodging & meals)

Adult Shared Occupancy \$160

Donation: Your financial support helps The Mountain continue to work for the common good. Please consider a contribution of any amount. Thank you!

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): Ages 13 to 17: \$52 Ages 4 to 12 \$40 Ages 0 to 3: \$0					Total Youth Fees: \$ _____
					TOTAL DUE: \$ _____

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. 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)

Handicapped accessible Room: Yes _____ No _____ Mobility Issues/Needs: _____

Food Preferences (if applicable):

Vegetarian _____ Vegan _____ Allergies _____

▪ 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 _____

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: _____