

REGISTRATION FORM for: Winston Salem UU Retreat

Arrive: Friday, 8/13/2010 between 3 – 7 pm
 Depart: Sunday, 8/15/2010 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 \$160				Subtotal Fees:	\$

Contribution to The Mountain \$ _____

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

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 (no fee)				Total Youth Fees:	\$
					TOTAL DUE: \$

Housing Considerations: Room requests will be honored based on availability. Requests for specific cabins or rooms not guaranteed.

Housing is 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 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: _____