

Sonrise Mountain Ranch

2009 Pastor-Missionary Retreat (Multi-day) Registration Form

1. Family Information:

Name	Birthdate	Gender
_____	___/___/___	___
_____	___/___/___	___
_____	___/___/___	___
_____	___/___/___	___
_____	___/___/___	___
_____	___/___/___	___

Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____
 Primary Church: _____

2. Retreat Choice:

We would like to reserve a cabin:
 Starting _____ / Ending _____
 for a total of _____ nights.

2009 Pastor/Missionary (Multi-day) Retreat Fees:

Cost for families currently serving in the
 pastorate or as missionaries is
 \$60 per family per night.

3. Payment Information:

Minimum nonrefundable deposit for each family is \$60. Balance must be paid no later than 10 days prior to your retreat start date.

Total Retreat Fee	\$ _____
Deposit/This Payment	\$ _____
Balance Due	\$ _____

Payment Method:

Check (Payable to *Sonrise Mountain Ranch*)

Visa Mastercard

Card # _____

Expiration (MM/YYYY) _____

Amount to be Charged _____

Name on Card _____

Signature _____

Gift Certificate / Scholarship

Gift Certificate / Scholarship # _____

Comments: _____

Mail, email, or fax this form with your
nonrefundable deposit to:

Sonrise Mountain Ranch

PO Box 220

Cimarron, CO 81220

(970) 249-5774

Fax: (970) 249-1668

nicolette@sonrisemountainranch.org

We will send a confirmation of your registration.

We look forward to seeing you!

SMR Office Use:

Date Rec'd: _____ Confirmation Email Date: _____ 30 Day Letter Date: _____

Notes: _____ Amt Paid: _____ Amt Due: _____