

2009 Family Retreat (3 Night)

**FAMILY INFORMATION:**

Name	Birthdate	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Primary Church \_\_\_\_\_

**RETREAT CHOICE:**

Register our family for the family retreat:

Attending with: \_\_\_\_\_

**FEES:**

The cost is \$200 per adult and \$50 per child (with a \$650 maximum fee for each family). This fee covers the entire retreat from Friday dinner to Monday brunch and includes a private cabin for each family, all meals and programmed activities.

**Payment Information:**

Minimum nonrefundable deposit for each family is \$175. 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

(Make payment and mail to Sonrise Mountain Ranch)

Pay Online with Credit Card

(Select the submit and pay online now button below)

Gift Certificate / Scholarship

Gift Certificate / Scholarship # \_\_\_\_\_

Comments:

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If you don't want to register online, you can mail, email, or fax this form with your nonrefundable deposit to:

**Sonrise Mountain Ranch**

PO Box 220 Cimarron, CO 81220

Fax: 970.249.1668

Email: info@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: \_\_\_\_\_