

2009 Family Retreat (6 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 \$400 per adult and \$100 per child (with a \$1300 maximum fee for each family). This fee covers the entire retreat from Sunday dinner to Saturday breakfast and includes a private cabin for each family, all meals and programmed activities.

Payment Information:

Minimum nonrefundable deposit for each family is \$350. 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:

.....

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: _____