

2010 Marriage Retreat (2 Night)

COUPLE INFORMATION:

Name _____ Birthdate _____

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

RETREAT CHOICE:

Register us for the following marriage retreat:

- September 24th to September 26th
 February 28th to February 30th

Attending with: _____

FEES:

The cost is \$250 per couple.
This fee covers the entire retreat from Friday
dinner to Sunday brunch and includes
a private cabin for each couple,
all meals and programmed activities.

Payment Information:

Minimum nonrefundable deposit for
each family is \$100. 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 _____

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
cozette@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: _____