

2010 Marriage Retreat (3 Night)

COUPLE INFORMATION:

Name _____ Birthdate _____

Address _____
 City _____ State _____ Zip _____

Phone _____
 Email _____
 Primary Church _____

RETREAT CHOICE:

Register us for the following marriage retreat:
 Contact us for available dates.

Attending with: _____

FEES:

The cost is \$350 per couple.
 This fee covers the entire retreat from Friday
 dinner to Monday brunch and includes
 a private cabin for each couple,
 all meals and programmed activities.

Payment Information:

Minimum nonrefundable deposit for
 each family is \$125. 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: _____