

## 2011 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:

- June 5th to June 11th       July 20th to July 26th  
 June 19th to June 25th       July 31st to August 6th  
 July 10th to July 16th

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

### FEES:

The cost is \$460 per adult and \$115 per child (with a \$1380 maximum fee for each family). This fee covers the entire retreat from Sunday dinner to Saturday breakfast (or equivalent) 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  
(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  
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: \_\_\_\_\_