

## 2011 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:

- February 25th to February 27th  
 September 23rd to September 25th  
 December 2nd to December 4th

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

### FEES:

The cost is \$270 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  
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: \_\_\_\_\_