

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:

- 2011 - September 23-25 2012 - September 21-23
 2011 - December 2-5 2011 - Nov 30 - Dec 2
 2012 - February 17-19

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: _____