

## Pastor/Missionary Retreat (Multi-Day)

### FAMILY INFORMATION:

Name	Birthdate	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Primary Church \_\_\_\_\_

### RETREAT CHOICE:

We would like to reserve a cabin:

Starting \_\_\_\_\_ Ending \_\_\_\_\_

For a total of \_\_\_\_\_ nights.

### FEES:

Cost for families currently serving in the  
pastorate or as missionaries is  
\$75 per family per night.

### Payment Information:

Minimum nonrefundable deposit for each family is \$65. 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

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: \_\_\_\_\_