



Rental Group Information

Group Name _____

Type of Retreat _____

Goal(s) of Retreat _____

Group Leader _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Arrival Date _____ Time _____

Departure Date _____ Time _____

Projected Number of Guests: Minimum Maximum

Total Number of Meals _____

First Meal _____ Last Meal _____

Who will provide the programming? _____

Would you like SMR to provide any of the programming for the event? _____

If yes, please provide some details



Or mail, email, or fax this form to:

Sonrise Mountain Ranch PO Box 220 Cimarron, CO 81220

Fax: 970.249.1668 Email: info@sonrisemountainranch.org