

Family Retreat (5 Night)

FAMILY INFORMATION:

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

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Primary Church _____

RETREAT CHOICE:

Register our family for the family retreat:

August 11th - August 16th

Attending with: _____

FEES:

The cost is \$420 per adult and \$105 per child (with a \$1260 maximum fee for each family). This fee covers the entire retreat from Thursday dinner to Tuesday brunch (or as noted on schedule) and includes a private cabin for each family, all meals and programmed activities.

Payment Information:

Minimum nonrefundable deposit for each family is \$300. 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: _____