



# Family Retreat Registration

We will send a confirmation of your registration.  
We look forward to seeing you!

## Family Information

Name	Birth date	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Address :

Street or PO Box \_\_\_\_\_

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

Phone \_\_\_\_\_

## 2017 Retreat Choice:

- \_\_\_\_\_ June 1 -7 (6 night)
- \_\_\_\_\_ June 11-17 (6-night)
- \_\_\_\_\_ June 21-27 (6-night)
- \_\_\_\_\_ July 3-9 (6-night)
- \_\_\_\_\_ July 13-19 (6-night)
- \_\_\_\_\_ July 22-28 (6-night)
- \_\_\_\_\_ July 31-Aug. 5 (5-night)
- \_\_\_\_\_ Aug. 8-13 (5-night)

### Fees:

**6-Night Retreat**  
 Adult: \$535  
 Child: \$140  
 Family Max: \$1630

**5-Night Retreat**  
 Adult: \$450  
 Child: \$120  
 Family Max: \$1380

## Payment Information:

Deposit (non-refundable) due with registration is \$400. **Balance is due May 1, 2017.**

Total Retreat fee: \_\_\_\_\_

Deposit / this payment: \_\_\_\_\_

Balance due: \_\_\_\_\_

Mail, this form with your nonrefundable deposit to:

Sonrise Mountain Ranch  
 PO Box 220  
 Cimarron, CO 81220

Phone: (970) 249-5774  
 Fax: (970) 249-1668  
 email: office@sonrisemountainranch.org

### SMR Office Use:

Date Rec'd:  
 Confirmation Date:  
 30 day letter Date:  
 Amount Paid:  
 Amount Due:  
 Notes: