

## Family Retreat (6 Night)

### FAMILY INFORMATION:

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

### RETREAT CHOICE:

Register our family for the family retreat:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> June 2-8   | <input type="checkbox"/> July 14-20 |
| <input type="checkbox"/> June 12-18 | <input type="checkbox"/> July 24-30 |
| <input type="checkbox"/> June 22-28 | <input type="checkbox"/>            |

Attending with: \_\_\_\_\_

### FEES:

The cost is \$460 per adult and \$115 per child (with a \$1380 maximum fee for each family). This fee covers the entire retreat from Sunday dinner to Saturday breakfast (or equivalent) and includes a private cabin for each family, all meals and programmed activities.

### Payment Information:

Minimum nonrefundable deposit for each family is \$350. 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: \_\_\_\_\_