Serenity Mountain Retreat Registration Form - w

August 15- 18

800-375-6803

www.serenitymountainretreat.org

serenitymtretreat@gmail.com

Name(s):LAST		
LAST		FIRST
Address:STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
Phone:	E-mail:	
Adults: Children:	Arrive (date): Depart	(date): Club:
Please ☐ Send next year	's registration form	☐ Do not send mail/email
FESTIVAL REGISTRATION*		CAMPING/RV SITE FEES
☐ Thursday \$25 EA	x PEOPLE = \$	☐ Tent Site: nights x \$15 = \$
☐ Friday \$45 EA	x PEOPLE = \$	Tent dimensions
	x PEOPLE = \$	
	x PEOPLE = \$	□ RV \$90 flat fee, Thur - Sun nights \$
·		RV or vehicle + trailer length:
Discount	SUBTOTAL \$	□ RV extra nights:nights x \$25 =
☐ IF you registered for Fri., Sat., <u>and</u> Sun. AND you are enclosing the total due AND you mail this before August 1st THEN subtract a <u>total</u> of \$12.50 per person -\$		ADDITIONAL GROUNDS FEES (if you will arrive before Thursday &/or depart after noon on Monday): AANR/NS members xextra days x \$15 = \$others xextra days x \$20 = \$
REGISTRATION TOTAL \$		FEES TOTAL \$
*Grounds fees are included. If you will arrive on Thursday, include Thursday registration fee. If you will stay past noon on Friday, Saturday, or Sunday include that day's registration fee.		Site Request:
Grand Total: \$	Amount You H — Enclosed (50%	Iave o minimum) \$ = Balance Due \$
		nt to get discount; see above)
	PAY	MENT
☐ Check/Money Order	☐ Visa ☐ Masterca	rd □ American Express □ Discover
enclosed	Card Number -	
		CVV2 code
	Signature:	
PRE-REGISTRATION MUST BE MADE BY MAIL.		SEND THIS FORM AND PAYMENT TO:
50% DEPOSIT REQUIRED.		SERENITY MOUNTAIN RETREAT
20% OF GRAND TOTAL IS NON-REFUNDABLE.		PO BOX 2009, ESTACADA, OR 97023
NO-SHOWS: NO REFU	ND	
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