Music Festival 2023 ***Serenity Mountain Retreat*** ***August 17 - 20***

Registration Form - w

800-375-6803 www.serenitymountainretreat.org serenitymtretreat@gmail.com

Name(s): _____
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*

☐ Thursday $25 EA x ____ PEOPLE = $ _____
☐ Friday $45 EA x ____ PEOPLE = $ _____
☐ Saturday $45 EA x ____ PEOPLE = $ _____
☐ Sunday $45 EA x ____ PEOPLE = $ _____

SUBTOTAL $_____

☐ **IF you registered for Fri., Sat., and Sun.**
AND you are enclosing the total due
AND you mail this before August 1st
THEN subtract a total of
$13.50 per person –$_____

REGISTRATION 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.

CAMPING/RV SITE FEES

☐ Tent Site: _____ nights x $10 = $ _____
Tent dimensions _____

☐ RV $75 flat fee, Thur - Sun nights $ _____

☐ RV extra nights: _____nights x $25 = _____
RV or vehicle + trailer length:_____

ADDITIONAL GROUNDS FEES (if you will arrive before Thursday &/or depart after noon on Monday):

____AANR/NS members x ____extra days x $10 = $ _____
____ others x ____extra days x $15 = $ _____

FEES TOTAL $ _____

Site Request:

Grand Total: $ _____ – Amount You Have Enclosed (50% minimum) $ _____ = Balance Due $ _____
(pay full amount to get discount; see above)

PAYMENT

☐ Check/Money Order enclosed ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number _____-_____-_____-_____
Expiration Date: _____ CVV2 code _____

Signature: _____

PRE-REGISTRATION MUST BE MADE BY MAIL.
50% DEPOSIT REQUIRED.
20% OF GRAND TOTAL IS NON-REFUNDABLE.
NO-SHOWS: NO REFUND

SEND THIS FORM AND PAYMENT TO:
SERENITY MOUNTAIN RETREAT
PO BOX 2009, ESTACADA, OR 97023

_____/_____rcd ___ent ___pc