

RETREAT REGISTRATION

1. STAKE YOUR CLAIM!

Only one individual per form for those under 21 not attending with a parent or guardian.

Your name SSN - - Male Female
Date of birth (if under 21) / / Age (if under 21)
Street address City State Zip
Phone number - - Emergency number - - Email address

2. RETREAT SPECIFICS:

Name of retreat Dates attending -
Roommate or group request
Housing preference (refer to our website for housing details and pricing): Top Hand Bunkhouse RV
Women's Fall Retreat options: Early Bird option (arrive between 9 am and 6 pm at no charge) Friday lunch (\$6.00) Friday supper (\$7.00)

3. WHO'S COMING?

Register the names of members from your household attending the retreat. If age is under 21, please list date of birth.

Name DOB M F Name DOB M F
Name DOB M F Name DOB M F
Name DOB M F Name DOB M F
Name DOB M F Name DOB M F
Name DOB M F Name DOB M F

4. MEDICAL/MEDIA RELEASE:

If you are under the age of 21, please have your parent or caregiver fill out and sign this portion.

I, the participant and/or legal guardian of all individuals listed above, hereby give consent for medical treatment in the event that a need for immediate medical attention arises. If such need arises, I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes; and give permission for a camp nurse or other staff to inform the necessary parties of any medical conditions, including, but not limited to, food or other allergies, asthma, seizures, or medication for attending to any medical needs. (The Ranch carries secondary insurance; all claims must be submitted to your insurance carriers first.) I understand that some activities are inherently risky and take responsibility for any participation in any of the Ranch's program areas, and indemnify, release, and discharge Miracle Mountain Ranch Missions, Inc. and its directors, officers, employees, and agents from liability and all costs arising from my participation in camp activities. I also give permission in the event that my picture or testimony is used in the promotion of camp activities.

Name of Parent(s) or Guardian(s) (if under 21)
Signature Date
Insurance company Insurance company phone number - -
Group number Policy number

5. COUNT THE COST!

Deposit is \$25.00 per person attending or \$50 per family for Family Retreats.

Please describe any applicable discounts and their amounts.

TOTAL COST	<input type="text"/>
DEPOSIT	<input type="text"/>
BALANCE	<input type="text"/>

6. PAY FOR IT!

Please fill out this section if paying by credit card. If paying by check, please mail check with form (do not submit form electronically).

Name on card
Billing address City State Zip
Type of card: Visa Master Card Discover Card number
Expiration date / CCV (last 3 digits on the back of your card) Total amount to be charged
Signature Date

7. GET IT TO US!

Email it

OR

Save it and use webmail to email it

OR

Print it and mail it

Email button will only work if you use an email application, such as Outlook, Thunderbird, or Mail. If you use webmail, such as Gmail, Yahoo, or Hotmail, please save your completed form and attach it to an email addressed to mmrcamp@mrrm.org. Confirmation for this event will be sent via email if address is provided. Please notify the office if you do not receive a confirmation within 14 days of registering for an event.