



# Shrine Mont Registration Form

October 26-28, 2018

## ADULT ATTENDEE(S)

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

## YOUTH ATTENDEE(S)

Full Name: \_\_\_\_\_ (Age & Grade): \_\_\_\_\_

Full Name: \_\_\_\_\_ (Age & Grade): \_\_\_\_\_

Full Name: \_\_\_\_\_ (Age & Grade): \_\_\_\_\_

Full Name: \_\_\_\_\_ (Age & Grade): \_\_\_\_\_

Full Name: \_\_\_\_\_ (Age & Grade): \_\_\_\_\_

## CONTACT INFORMATION

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PRICING** (Price includes 2 nights lodging and 6 meals per attendee. Deposit due at time of registration.)

Cost per Person	Number Attending	Total Due	Deposit	Balance Due
<b>Adult</b> (Single Occupancy) Total: Total: \$200   Deposit: \$50				
<b>Adult</b> (Double Occupancy*) Total: Total: \$175   Deposit: \$50				
<b>Youth</b> (ages 13 and up) Total: \$175   Deposit: \$50				
<b>Child</b> (ages 4 – 12) Total: \$55   Deposit: \$15				
<b>Toddler</b> (ages 0 – 3) Free   (Crib: \$6)				
<b>Family Plan</b> (max 2 adults/4 kids) Total: \$550   Deposit: \$200				
<b>Total</b>				

\*Double Occupancy = shared bathroom

**VOLUNTEER OPPORTUNITIES** (Please indicate how you would like to help with this parish event.)

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Planning     | <input type="checkbox"/> Children's Program             | <input type="checkbox"/> Worship/Reader |
| <input type="checkbox"/> Hospitality  | <input type="checkbox"/> Saturday Evening Game/Activity | <input type="checkbox"/> Altar Guild    |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Bonfire/S'mores                | <input type="checkbox"/> Music          |

**OTHER** (Please indicate any/all that apply to you)

- |  |  |
|--|--|
| <input type="checkbox"/> Late arrival (by 7:30 p.m. – save dinner) | <input type="checkbox"/> Need transportation assistance        |
| <input type="checkbox"/> Late arrival (no dinner)                  | <input type="checkbox"/> Can provide transportation assistance |
| <input type="checkbox"/> Dietary restrictions: _____               |  |
| <input type="checkbox"/> Special accommodations/requests: _____    |  |