

Shrine Mont 2018 Registration Form
Friday evening, June 22 - Sunday noon, June 24, 2018
 Registration Forms and Payment must be submitted by June 10
NO PETS!

Attendee Information (Please list all who will be attending with you.)

Last Name	First Name	Relationship	Grade	Age	Male/ Female

Street Address _____
 City, State, Zip _____
 Telephone: Daytime _____ Evening _____
 E-Mail _____

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Category</th> <th style="text-align: left;">Fees</th> <th style="text-align: left;">Number Attending</th> <th style="text-align: left;">Fee</th> </tr> </thead> <tbody> <tr> <td colspan="4">Adults (ages 13-up)</td> </tr> <tr> <td> Double Occ.</td> <td>\$166.00</td> <td>_____</td> <td>\$_____</td> </tr> <tr> <td> Single Occ.</td> <td>\$220.00</td> <td>_____</td> <td>\$_____</td> </tr> <tr> <td>Children (4-12)</td> <td>\$ 65.00</td> <td>_____</td> <td>\$_____</td> </tr> <tr> <td>Children (0-3)</td> <td>No Charge</td> <td>_____</td> <td>\$ <u> 0 </u></td> </tr> <tr> <td>Crib Rental</td> <td>\$ 6.00</td> <td>_____</td> <td>\$_____</td> </tr> <tr> <td colspan="3">Subtotal</td> <td>\$_____</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Please consider me for scholarship funds for (see reverse side for scholarship information)</td> <td>\$_____</td> </tr> <tr> <td colspan="3">Total Amount Enclosed</td> <td>\$_____</td> </tr> </tbody> </table> <p>Make Checks payable to “Church of the Resurrection,” with “Shrine Mont” in the memo line.</p> <p>Registration <u>and</u> payments must be received no later than June 10 to confirm and hold your reservation.</p> <p>Checks can be turned in at the church or mailed to:</p> <p>Church of the Resurrection ATTN: Shrine Mont Retreat 2280 N Beauregard St Alexandria VA 22311-2200</p>	Category	Fees	Number Attending	Fee	Adults (ages 13-up)				Double Occ.	\$166.00	_____	\$_____	Single Occ.	\$220.00	_____	\$_____	Children (4-12)	\$ 65.00	_____	\$_____	Children (0-3)	No Charge	_____	\$ <u> 0 </u>	Crib Rental	\$ 6.00	_____	\$_____	Subtotal			\$_____	<input type="checkbox"/> Please consider me for scholarship funds for (see reverse side for scholarship information)			\$_____	Total Amount Enclosed			\$_____	<p>Special Needs? <i>Check all that apply.</i></p> <p><input type="checkbox"/> I/We need a ride to/from Shrine Mont</p> <p><input type="checkbox"/> Stairs or walking a distance is a problem for me.</p> <p><input type="checkbox"/> Need handicapped accessible housing</p> <p><input type="checkbox"/> Housing or other special needs:</p>
Category	Fees	Number Attending	Fee																																						
Adults (ages 13-up)																																									
Double Occ.	\$166.00	_____	\$_____																																						
Single Occ.	\$220.00	_____	\$_____																																						
Children (4-12)	\$ 65.00	_____	\$_____																																						
Children (0-3)	No Charge	_____	\$ <u> 0 </u>																																						
Crib Rental	\$ 6.00	_____	\$_____																																						
Subtotal			\$_____																																						
<input type="checkbox"/> Please consider me for scholarship funds for (see reverse side for scholarship information)			\$_____																																						
Total Amount Enclosed			\$_____																																						
<p>Volunteer Opportunities</p> <p><input type="checkbox"/> I can give someone a ride</p> <p><input type="checkbox"/> I will participate in our mission adventure</p>																																									