

**Miracle Mountain Ranch
RETREAT REGISTRATION FORM**

Miracle Mountain Ranch
101 Rodeo Drive, Spring Creek, PA 16436
(814) 664-7673 Office (814) 664-4669 Fax
www.mmrm.org

One per retreat please, feel free to make multiple copies of this registration form as needed.

Name: _____ Age (if under 18): _____

Address: _____ Sex: M F

City: _____ State: _____ Zip: _____

Phone: () - _____ Email address: _____

Roommate or Group requests: _____

Retreat attending: _____ Dates: _____

Housing Preference: Bunkhouse or Top Hand Quarters
(Please refer to our website, www.mmrm.org, for housing details and pricing)

Women's Retreat Fall Options

Early Bird Option (arrive anywhere between 9:00 AM - 4:00 PM at no charge)

I will need: Lunch on Friday (\$6.00) Supper on Friday (\$7:00)

Register names and ages of same household members attending retreat:

Name: _____	Age: _____	M	F
_____	Age: _____	M	F
_____	Age: _____	M	F
_____	Age: _____	M	F

Please enclose a \$25.00 deposit for each person attending (Family retreats \$50.00 per family.)

Select method of payment:

Cash Check Visa Master Card

Name on Card: _____

Credit Card # _____ *CCV#: _____

Total Charge: \$ _____ Expiration Date: _____ / _____

Signature: _____
*(last 3 digits in the signature space on the back of the card)

Office Use Only

Cost: \$ _____

Check #: _____

Deposit \$ _____

Conf. Sent: ____/____/____

Discount \$ _____

Balance \$ _____