

N.C. CMF Christmount Retreat Registration

THEME: "A Spiritual Prescription"

September 24-26, 2010

Name _____ Phone _____

Address _____ City/Zip _____

Church _____ Email _____

REGISTRATION FEES

Registration begins at 2:00 pm on Friday, September 24

___ Registration Fee \$20.00 if received **IN** Christmount (not postmarked) by Sept. 17

___ Registration Fee \$25.00 if received **IN** Christmount after Sept. 17

___ Registration Fee for wife \$5.00

HOUSING

All housing is non-smoking and pet-free. Please rank your choice of housing (1st, 2nd, etc.). Housing requests will be honored on a first received, first served basis. Reservation form must be received for each roommate. Your reservation will be confirmed only when this form is received in the Christmount Office. **No reservations will be made by phone.**

Roommate(s) _____

Do you have difficulty walking? ___ Yes ___ No

Special health needs: _____

Guest Houses (per person for weekend; linens provided)

___ Single \$144.00

___ Double \$ 82.50

___ Triple \$ 62.00

___ Quad \$ 51.75

Group Lodge (minimum 4 per room, maximum 8)

___ \$43.00 per person for weekend (with linens)

___ \$35.00 per person for weekend (without linens)

___ **Cabins:** \$29.00 per person for weekend
(no linens provided, \$43.50 minimum per cabin)

Davis Hall (for weekend; half bath in each room)

___ Single \$36.00 per person (with linens)

___ Single \$28.00 per person (without linens)

___ Double Bed \$60.00 per room (with linens)

___ Double Bed \$52.00 per room (without linens)

___ **Watson Cottages:** \$50 per person for weekend
(minimum 4 people, maximum 6; no linens)

___ **RV Park:** \$42.00 for weekend (for up to 2 adults)

___ **Facility Fee:** \$13.00 (This must be paid if you are NOT lodging at Christmount).

MEALS

Check with your group and sign up for all meals you intend to eat. Meal reservations must be made by Sept. 19.

Friday: Supper ___ \$10.75 (FRIDAY SUPPER MUST BE SENT IN WITH FORM. NON-REFUNDABLE)

Saturday: Breakfast ___ \$7.25 Lunch ___ \$9.25 Supper ___ \$10.75

Sunday: Breakfast ___ \$7.25

___ I am not eating meals at Christmount.

Special dietary needs: _____

Make check payable to Christmount. Mail registration form, registration fee, cost for Friday night lodging and \$10.75 if you plan to eat supper on Friday to:

**CHRISTMOUNT
222 FERN WAY
BLACK MOUNTAIN, NC 28711**

Deadline to register is September 17, 2010