

Shrine Mont 2024

REGISTRATION DEADLINE: Tuesday, September 3rd at 5:00 p.m.

STEP 1	Please Give Us Your Contact Information:			
	Last Name: _____			
	Address (Street, City, State, Zip) _____			
	Telephone: _____ Email: _____			
<p>I would like to volunteer in the following areas (Please circle as many as you wish!)</p> <p>Child Care - Logistics - Music - Worship - Recreational Activities</p> <p>Administrative</p>				
Step 2	Register for Your Accommodations:			
	Attendee Name	Age	Grade (IF UNDER 18)	Accommodation Assigned FOR CHURCH USE ONLY
<input type="checkbox"/> <i>I will be staying off-site, and will contact the Church Office about fees</i>				

If the cost of the retreat presents a challenge, please reach out to Fr. Chad at cmartin@stjamesleesburg.org. All requests will be kept confidential. Our goal is to ensure that every member of our congregation who wishes to participate in the retreat can do so, regardless of their financial situation.

On the reverse side of this registration form, please calculate the cost for those attending

Look at the Deal You're Getting!

Includes overnight accommodations on Friday and Saturday; dinner on Friday night; breakfast, lunch and dinner on Saturday; and breakfast and lunch on Sunday - plus program costs. Note: Shrine Mont includes meals in their fees whether you eat them or not!

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STEP 3	Figure Your Cost:				
	<i>Simply take the number of people and multiply it by the cost per person to figure your total cost.</i>		# of People	Cost per Person	Total
	Adults, 14 years & up: <i>Double Occupancy Room</i>	_____	x	\$190.00 = \$	_____
	<i>Single Occupancy Room</i>	_____	x	\$250.00 = \$	_____
	Children, 4-13 years:	_____	x	\$135.00 = \$	_____
	Infant - 3 years:	_____	x	\$0.00 = \$	_____
	<i>Refunds: No refunds after Thursday, September 12, 2024 5:00 p.m</i>				
	Family maximum is \$675. Please note: guest, friends and non-immediate family members do not count towards the family maximum and should be registered on a separate registration form.			TOTAL = \$ _____	
	Please submit payment in full at time of registration				

Please tell us of any special needs that should be considered when we assign housing:

Approximate arrival (day & time): _____

★ Do you plan to eat dinner at Shrine Mont on Friday night (served 5:30 - 7:00 pm)? YES NO
(Dinner is included in the amount above for Friday night for those staying on-site.)

Step 4	Attention Parents:
	<p>Parents of Younger Children: Child care for younger children will be a co-op of parents with young children and provided during the Saturday morning program. If you would like to be part of the child care co-op, please indicate here. <input type="checkbox"/> ★</p> <p>Regarding youth (Middle School & Senior High) attending without their parent(s). Middle School and Senior High youth may attend the retreat <i>without either</i> parent, provided they have an adult "guardian" designated on this form who is attending Shrine Mont and who will be responsible for them. If this applies, please fill out below: My child _____, age _____, will be the responsibility of (name): _____ for the duration of the Shrine Mont weekend.</p> <p>Parent Signature: _____</p>