

Camp Crop-A-Lot 2010

March 12-14, 2010

Thank you for registering! Please complete this form and return it to your Consultant.

Name: _____

Phone: _____ Email: _____

Consultant's Name: _____

If you are a guest, or your consultant does not have a mailing address for you...

Address: _____

Please reserve the following lodging for me:

___ Bunk \$150.00 (4 bunk beds & full bath in a single room, linens provided)

___ Suite \$190.00 (Hotel style accommodations, please list roommate)

Roommate: _____

I have enclosed ___ **Full Payment** or ___ a **50% deposit** with the balance due February 5.

Check # _____ Amount _____ *Make check payable to your consultant.*

Please let us know what beverage you would like available for the weekend. We will do our best to accommodate everyone's request.

Beverage of choice: Coke/Pepsi Diet Caf-free Other: _____

Vegetarian Requirements/Food Allergies: _____

Notable Health Conditions: _____

Emergency Contact (Name/Phone): _____

Note: Not all products will be in stock to purchase during this event. Please review your album projects and order the supplies you will need prior to the weekend.

CANCELLATION POLICY: Should you need to cancel, you may do so with a full refund, by January 4, 2010. After January 4, cancellations will incur a \$35 administrative fee. NO REFUNDS will be issued for cropper cancellation after February 5, 2010, unless your spot can be filled from our waiting list.

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|-------------------------|-------------------------|--------------|---------------|
| For Registrar Use Only: | | | |
| Date Received: _____ | Room No.: _____ | | |
| PIF _____ | Balance Received: _____ | Check: _____ | Amount: _____ |

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