

Friends of Cloud Mountain
 373 Agren Road
 Castle Rock, WA 98611
 1-888-465-9118 (toll-free) or 360-274-4859
 fax: (360) 274-9119
 email: info@cloudmountain.org
 www.cloudmountain.org



FOR OFFICE USE ONLY

Received _____	Pymt Mthd _____
Hold _____	Logged 2 _____
Logged 1 _____	Packet Out _____
PQB _____	Special Log _____
Invoice # _____	Mlist _____

REGISTRATION FORM

Retreat (Teacher): _____

Retreat Dates: From: _____ To: _____

Your Name: _____ Occupation: _____

Mailing Address: _____

City: _____ State: _____ Zip + 4: _____

Home Phone: _____ Work / Cell Phone: _____

Email Address: _____ How did you hear about this retreat? _____

How would you prefer to receive your confirmation/logistical information packet? Email _____ Postal Mail _____

*Please note: CM has a limited number of single rooms, allocated by registration order. We do our best to accommodate special medical needs.
Health Information: Cloud Mountain is located in a rural area and there are no physicians or health care professionals on staff.*

For room assignments, are you Male _____ Female _____ ? Do you snore loudly? Yes _____ No _____ ?

Are there any medical situations we should know about? _____

Dietary Restrictions: Please circle - Dairy-free _____ Wheat-free _____ Vegan _____

Medical Doctor: _____ Phone: _____

Contact person: _____ Phone: _____

Can you offer a ride to CM? Yes ___ No ___ To how many? ___ Need a ride? Yes ___ No ___ From where? _____

Do you currently meditate? Yes ___ No ___ How long have you practiced? _____ In what tradition(s)? _____

Please list prior retreat experience: _____

For FOCM-sponsored retreats, please mail or fax this registration form to Friends of Cloud Mountain. Please make checks payable to Friends of Cloud Mountain (FOCM). It is most efficient for Canadians or international registrants to pay by credit card. You may also send money orders, bank drafts or checks drawn on U.S. funds.

Payment Information: Check/Money Order _____ Credit Card: Visa _____ MasterCard _____ Amount: \$ _____

Credit Card number: _____ Expires: ___ / ___ V Code: _____

Name & billing address associated with credit card: _____

Signature: _____ Date: _____

Cancellation Policies: (Please note: Non-refundable portions of retreat fees are also non-transferable to other individuals or retreats.)

A. For retreats of less than 12 days:

The retreat fee, less a \$50 handling fee, is fully refunded if FOCM is notified 4 or more weeks prior to the retreat.

Half of the retreat fee is refunded if FOCM is notified 2 - 4 weeks prior to the retreat.

The full amount of the retreat fee is forfeited if FOCM is notified less than 2 weeks prior to the retreat.

B. For retreats longer than 12 days: Payment/cancellation policies vary. Please contact the retreat center for specific policy information.

C. Exceptions to the above policies are considered on a case-by-case basis. To request an exception, please submit your request in writing (best by email) addressed to the Executive Director at the retreat center.