



2499 Melru Lane, Escondido, CA 92026 - Phone: (760) 291-1003 x100 - Fax: (760) 291-1010
 E-mail: deerpark@dpmail.net - Web: www.dpweb.org

HR _____

Holiday Retreat - TIMELESS & SPACELESS - Registration Form

December 30, 2009 arrival between 1 - 5pm – **January 3, 2010** departure afternoon 3pm
 (no partial attendance)

	Last Name	First Name	M.I.	Age	Gender (M/F)	Contribution \$
1	.....	.....	.....	.....	.....	\$.....
	Street:					
	City/State:					<input type="checkbox"/> Dorm _____
	ZIP:					
	Phone: ()					<input type="checkbox"/> Tent _____
	E-Mail:					
2	.....	.....	.....	.....	.....	\$.....
	Street:					
	City/State:					<input type="checkbox"/> Dorm _____
	ZIP:					
	Phone: ()					<input type="checkbox"/> Tent _____
	E-Mail:					
3	.....	.....	.....	.....	.....	\$.....
	Street:					
	City/State:					<input type="checkbox"/> Dorm _____
	ZIP:					
	Phone: ()					<input type="checkbox"/> Tent _____
	E-Mail:					
4	.....	.....	.....	.....	.....	\$.....
	Street:					
	City/State:					<input type="checkbox"/> Dorm _____
	ZIP:					
	Phone: ()					<input type="checkbox"/> Tent _____
	E-Mail:					
5	.....	.....	.....	.....	.....	\$.....
	Street:					
	City/State:					<input type="checkbox"/> Dorm _____
	ZIP:					
	Phone: ()					<input type="checkbox"/> Tent _____
	E-Mail:					

FOR OFFICE USE ONLY						Total Due: \$ _____
Received: ___/___/___ (Signed) _____						Confirmation Sent: ___/___/___ (Signed) _____
Date ___/___/___	<input type="checkbox"/> Money Order	<input type="checkbox"/> Master Card	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	\$ _____
Date ___/___/___	Check # _____	Bank _____	_____	_____	_____	\$ _____
Date ___/___/___	Cash (Signature) _____	Date _____	_____	_____	_____	\$ _____
Balance Due: \$ _____						

Accommodations:

Age	Total Contributions Per Person Towards Food, Lodging, Utilities and Tuition		Tent <i>(please bring your own tent)</i>
	Room Type DORM (4-6 persons)		
> 19	\$140		\$100
13-18	\$120		\$72
6-12	\$80		\$52

(Students < 27 With Current Identification – 25% discount)

Registration & Method of Payment:

Please mail the entire payment with your registration form. *Please do not send cash.*

Please send completed form and contribution to: **Deer Park Monastery, Registration Office, 2499 Melru Lane, Escondido, CA 92026;**
E-Mail it to deerpark@dpmail.net, or FAX it to (760) 291-1010

- Check
 Money Order
 Master Card
 VISA
 AMEX
 Discover

Credit Card # _____ Expiration Date (mo/yr) _____/_____

Cardholder's Name (as it appears on the credit card): _____

Billing Address of Credit Card (required by bank for credit processing):

Street _____
Address: _____
City/State _____ ZIP: _____

Cardholder's Signature (authorizing Deer Park Monastery to charge your accommodation costs to your credit card): _____

Cancellation Policy:

- 31 days prior to arrival: 85% refunded; 15% cancellation fee
- 15-30 days prior to arrival: 75% refunded; 25% cancellation fee
- 8-14 days prior to arrival: 50% refunded; 50% cancellation fee
- 7 days prior to arrival: No refund

Liability waiver: The following signatures indicate that participants relieve Deer Park Monastery from all liabilities in the event of any injury or illness incurred while visiting Deer Park.

Date ____/____/____ Signed: **1** _____

In Case of Emergency: Contact name: _____ Phone: () _____

Date ____/____/____ Signed: **2** _____

In Case of Emergency: Contact name: _____ Phone: () _____

Date ____/____/____ Signed: **3** _____

In Case of Emergency: Contact name: _____ Phone: () _____

Date ____/____/____ Signed: **4** _____

In Case of Emergency: Contact name: _____ Phone: () _____

Date ____/____/____ Signed: **5** _____

In Case of Emergency: Contact name: _____ Phone: () _____