

4CEDARS TimberFrame Retreat

REGISTRATION FORM

GROUP NAME _____

CONTACT PERSON _____ Ph # _____

TYPE OF EVENT (please choose from drop-down):

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ PHONE # _____

EMAIL _____

DAYS ATTENDING _____

Nightly Stay: Incoming Date _____, # of nights _____, # of guests _____

ONE FOURTH OF NIGHTLY STAY FEE DUE AT BOOKING _____ DATE: _____

Hourly Meeting(check one): Date _____ Arrival Time _____ Number of guests _____

Check one: __ 4-Hour Meeting (\$200.00) __ 6-Hour (\$250.00) __ 8-Hour(\$300.00)

Booking Fee: \$ _____ (Full payment is required when booking a meeting)

PAID WITH: CASH _____ CHECK # _____ CREDIT CARD (last 4 digits) _____

If paying by check, our address is: 1079 Highway 67, Sabula, IA 52070

Note: Check-in time 10:00 AM Check-out time 3:00 PM

Would you like to teach a class? Please contact 4CEDARS

SIGNATURE _____ DATE _____

(Below will be filled in by 4CEDARS TimberFrame Retreat)

Hourly Meeting Fee: _____ Date Paid: _____

Nightly Stay Deposit Fee (1/4 of your fee) _____ Date Paid _____

Balance Due (3 Weeks Before Arrival): _____ Date Paid _____

Go to Page 2 to fill out guest information

Please let us know who is visiting with you starting with your first guest, including his/her email. Also, if your group includes children, please indicate their ages behind their names.

Guest 1:

Guest 2:

Guest 3:

Guest 4:

Guest 5:

Guest 6:

Guest 7:

Guest 8:

Guest 9: