

Riverside ScrapbookINN, StampInn, & QuiltINN

Registration Form

Please print – Thank you! ☺

Please indicate retreat date(s) you are registering for:

_____ **March 14 - 16, 2008** _____ **November 7 - 9, 2008**

_____ I would like to add a Sunday night stay for an additional \$45.00 fee.

Your Name

Address

City / State / Zip Code

Day Phone (with Area Code)

Evening phone

Roommate(s) requested (NOTE: Limit of 3 people in a room with 1 queen bed + 1 rollaway; Limit of 5 people in a room with 2 queen beds + 1 rollaway).

1. _____
2. _____
3. _____
4. _____
5. _____

If at all possible, please send all registrations for same room in 1 envelope.

NOTE: ALL rooms will be shared with a **minimum** of 2 people per room. Circle one: Are you willing to share a room with someone you do not know? Yes No

Circle one: Smoking Non-Smoking

Circle one: Do you need handicapped accessible accommodations? Yes No

Form of payment enclosed: *Check* _____ *Credit Card:* _____ (VISA, MASTERCARD, DISCOVER accepted)

Amount Enclosed _____ \$ 55.00 _____ \$110.00 _____ \$155.00
Required deposit 2-night payment 3-night payment

Name on Credit Card

Credit Card number

Expiration Date: _____

Mail completed registration form & payment to:

Riverside Inn Retreat Center
P. O. Box 384
Cold Spring, MN. 56320