

## Summer 2003 Family Retreat Registration Form

**June 23 - July 7, 2003**

Family Retreat 2003 P.O. Box 182, Hartland-4-Corners, VT. 05049

*Tel.: (802) 436-1103 Fax: (802) 436-1101*

Name (First, Last)	Age	Gender	Native and Other Languages Spoken		
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
1.	1	1	1	1	1
2.	1	1	1	1	1
3.	1	1	1	1	1
4.	1	1	1	1	1
5.	1	1	1	1	1

Address: \_\_\_\_\_  
 \_\_\_\_\_

City/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Means of Transportation:  
 Train     Bus     Car

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place of arrival: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place of departure: \_\_\_\_\_

In Case of Emergency:  
 Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Liability waiver: The following signatures indicate that participants relieve Green Mountain Dharma Center from all liabilities in the event of any injury or illness incurred while visiting Green Mountain Dharma Center.  
 Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

**Payment Information**

Amount due: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

Balance due: \_\_\_\_\_

Method of contribution:     Check     Money Order

Check or Money Order:    please put name of bank, check number and date of check:

\_\_\_\_\_  
 Master Card     Visa     Am Exp     Discover

Credit card #: \_\_\_\_\_ Exp. Date (mo/yr): \_\_\_\_\_ Balance due:

Cardholder's signature: \_\_\_\_\_ Cardholder's name: \_\_\_\_\_

Billing Address of Credit Card ( required by Bank for credit processing):  
 \_\_\_\_\_  
 \_\_\_\_\_