

Cropping Daze Retreat Registration Form

Requested Weekend	Alternate Weekend		
Last Name		First Name, Middle Initial	
Street Address			
City		State	Zip
Phone Number		Email Address	

Questionnaire

What time will you be arriving?	How did you hear about us?
Food Allergies	
Injury or special needs for first floor bedroom?	
<hr/> <hr/>	
Friends you'll be cropping with	
<hr/> <hr/>	
Emergency Contact Person	Emergency Contact Number

Payment Information

<input type="checkbox"/> \$65 Deposit (we will mail you a sheet of payment coupons)		<input type="checkbox"/> Payment In Full	
<input type="checkbox"/> Certified Funds (Money Order, Cashiers Check, etc...)		<input type="checkbox"/> Personal Check	
<input type="checkbox"/> Master Card	<input type="checkbox"/> Discovery	Card Number	CVN*
<input type="checkbox"/> Visa	<input type="checkbox"/> Bank Card	Exp Date	OFFICE USE
Name as it appears on card		Signature of card holder	
Street Address (if different from above)			
City		State	Zip

Release

I agree and hold harmless Cropping Daze Retreat, Inc., Holly Kaster, Phyllis MacLeod, Dawn Timoszyk and County Croppers, LLC, Property owners of the premises of Cropping Daze Retreat, Inc. from any harm or damage which may occur or may have occurred at a Cropping Daze Retreat weekend. I understand and agree that Cropping Daze Retreat will not be held responsible for lost or stolen goods. I have read, and agree to, the policies listed on the Cropping Daze website(www.croppingdaze.com/policies).

Signature _____

Date _____

**The CVN(Card Verification Number) is the 3-digit number found on the signature panel on the back of your card*

Mail your completed registration form and deposit to: Cropping Daze Retreat, Inc.
6366 Linck Road
Brown City, MI 48416