

Challenge/Ropes Course Workshop Registration Form April 7-9, 2008

Please return this form along with your \$50/person deposit to:
Jumonville, 887 Jumonville Rd., Hopwood, PA 15445 (800) 463-7688 phone info@jumonville.org
Please make checks payable to "Jumonville."

Please complete a separate registration form for each person.

Site/Organization Name: _____

Participant's Name: _____ Sex: M F Spouse name (if applicable) _____

- Inn single occupancy full workshop package @ \$317/person
 Inn double occupancy full workshop package @ \$246/person non- participating spouse @ \$99
 Washington Lodge full workshop package @ \$229/person non- participating spouse @ \$89
 I would like to share a room with _____
 Tuesday only package - (meals & program fee) \$103.00/person
 Wednesday only package - (meals & program fee) \$103.00/person
 Workshop (commuter package) - (no overnights) \$171.00/person workshop fee

*Headstart Workshops have additional costs as indicated
(includes optional Sunday night lodging & Monday breakfast & lunch)*

- High Ropes Rescue Clinic @ \$150/person
- Dynamic Belay Clinic @ \$150/person
- The Facilitator's Edge @ \$100/person
- Teambuilding Training @ \$100/person
- Hands-on Database Design @ \$100/person

Please send me a financial aid application.

Name of contact person: _____ e-mail _____

Address: _____ City/State/Zip: _____

Phone: () _____ home () _____ work () _____ fax _____

Total Cost	
\$ _____	Facilitator's Edge
\$ _____	High Ropes Rescue
\$ _____	Belay Clinic
\$ _____	Hands-on Database
\$ _____	Teambuilding Trng
\$ _____	first choice lodging
\$ _____	commuter package
\$ _____	Tuesday only
\$ _____	Wednesday only
\$ _____	total cost
\$ _____	deposit (\$50/person)
\$ _____	balance due

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