

Registration Form Western Nativist Gathering 2012

Sun Meadow Family Nudist Resort
30400 S. Sunray Trail
Worley, ID 83876
208-686-8686
sunmeadow.org

PLEASE FILL OUT AND RETURN WITH PAYMENT TO SUN MEADOW RESORT

The Western Nativist Gathering will begin on the morning of Thursday August 2 and end on Sunday August 5. Use this form to pre-register for the Gathering. All Gathering attendees must check in at the Sun Meadow office even if they are pre-registered. Adults will be asked to supply photo identification; TNS members have your membership card ready. If you have questions, please call Sun Meadow Resort.

Names of Gathering registrants (including children)

Name _____ Name _____ Under 18
 Name _____ Under 18 Name _____ Under 18
 Address _____ Phone(day) _____
 City _____ State _____ ZIP _____ Phone(cell) _____
 E-mail _____
 Emergency Contact (not with you) _____ Phone _____

(A) Event Registration Fee - \$30.00 per person. (18 or over)

(B) Camping and Grounds Fees

Please make check/money order for these payable to Sun Meadow Resort. Visa, MC, AmEX, Discover also accepted.

Days attending: Date in _____ Date departing _____

- Number of days _____ x number of persons _____ x \$16 each = \$ _____ Grounds fees
 (non-affiliated) _____ x number of persons _____ x \$20 each = \$ _____ Grounds fees

- Number of nights RV camping (water, sewer, and electric):

\$18 (\$24 non-affiliated) per site x number of nights _____ = \$ _____ RV fees (30 Amp)

\$20 (\$26 non-affiliated) per site x number of nights _____ = \$ _____ RV fees (50 Amp)

- Number of nights tenting (no hookups):

\$9 (\$11 non-affiliated) per site x number of nights _____ = \$ _____ Camping Fees

- \$70 Hotel Rooms (if available) call now to reserve _____ = \$ _____ Hotel Rooms

(A) Subtotal TNS registration fees: \$ _____

(B) Subtotal Grounds/Camping/Hotel fees: \$ _____

TOTAL \$ _____

Meal packages & Ala Cart meals available upon arrival.

(C) Payment Information

_____ Check/Money Order Enclosed *Credit Card Info (below)*
 Card No. _____ Exp. Date _____ / _____
 Signature _____ Billing Zip Code _____