



- Please complete each page of this three page form. Initial and sign in the appropriate spaces.
- Please mail or FAX this form with payment prior to your arrival to confirm your registration.

Mail to:

Crop Inn
c/o Registrations
27630 Weston Drive
Valencia, CA 91354
USA

FAX to 866-859-2048

Pine Mountain Club

Pine Mountain Club Registration

Date of Arrival: _____ Phone Number: _____

Your Name: _____ Name of Party: _____

Your Address: _____

Email _____

Name(s) of All Guest(s):

Type of Retreat (circle one): Full Service Mid-Service Self-Service
 (\$340.00/ea) (\$240.00/ea) (\$125.00/ea)

If Self-Service, is Extended Hours Pkg. Desired? (circle one): **Yes / No**
 (\$15.00/ea)

Payment Method (circle one): Credit Card or Check.
Note: Credit card payments must be made online through our website, using Paypal. Checks may be mailed in.

Amount Enclosed: \$ _____ (US Dollars Only)

Dietary Restrictions: _____

Food Allergies: _____

How long have you been scrapbooking? _____ years

Any Classes You'd Enjoy Learning?

How did you learn about us? (Circle one): Store Advertisement Craft Fair Friend Other

If you selected Store, which one? _____

Release Policies and Authorization

Part I – Policies

The die cutting, eyelet setting, punch and scrapbook equipment provided at Crop Inn is for personal use while working at Crop Inn. If you are unfamiliar with the equipment please see instructions or ask. Please do not cut more than 2 pieces of paper at a time as this may cause damage to the tray, roller, foam or die blades. The foam side of the die must be facing up. Use die cuts, punches and equipment at your own risk.

I understand that the scrapbook equipment (including die cutting machine, dies, punches, eyelet setting equipment, and other equipment at Crop Inn), may cause injury if not used carefully and correctly. I release and agree to hold harmless, Crop Inn, for any injuries sustained to myself as a result of my use of the equipment which has been provided for my use. My signature indicates that I have read and understand the policies of Crop Inn and acknowledge the fact that I am solely liable for damage to equipment caused by improper use.

_____ (Initials)

Crop Inn, its officers and employees will be held harmless against all loss, expenses, damages and liabilities in the event of injury or accident caused by or to retreat registrant or her property. We advise you to leave your valuables at home.

_____ (Initials)

Crop Inn, reserves the right to expel anyone from the premises for inappropriate behavior or the intent to do harm to others. Anyone requested to leave will not receive a refund of any portion of their retreat fees.

_____ (Initials)

I consent to the use of photos or video in which I may appear, or quotes I make regarding Crop Inn to be used in the marketing and publicity of Crop Inn.

_____ (Initials)

I have read and understand the policies outlined above for Crop Inn.

Your Name _____

Your Signature _____ Date _____

Part II - Authorization for Treatment

In the event of an emergency, I hereby give permission to the medical personnel selected by Crop Inn, to order x-rays, routine tests, administer emergency treatment and to release any records necessary for medical or insurance purposes and to provide or arrange as necessary related transportation for me in the event an emergency contact is unable to be reached and I am unable to do so myself. I hereby give permission to Crop Inn personnel to secure and administer treatment, including hospitalization for me in the event I an unable to do so myself. This authorization shall remain in effect through the duration of my stay at Crop Inn.

Your Name _____

Your Signature _____ Date _____

Each retreat registrant is required to provide their own medical insurance.

Health Insurance Provider _____

Member/Policy # _____

Doctor/Physician's Name _____ Phone # _____

Do you have any serious health problems we should know about? (yes/no)

Please List All Health Concerns

Are you allergic to anything? (yes/no)

Please List All Allergies

Please bring allergy medication with you if necessary.

In case of an emergency who should we contact?

Name/Relation _____ Phone # _____

Secondary Name/Relation _____ Phone # _____