



Weekend Retreat Registration Form

Weekend Reserved _____ Weekend Rate _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Group Coordinator _____

Phone _____ How did you hear about us? _____

Do you have any food allergies or dietary concerns? _____

Waiver, Release & Terms of Agreement

The signature below indicates that I agree to the following terms. I hereby release Scrap Inn, Inc it's sponsors, it's offices and agents of all liability, claims, lawsuits, damages, losses, costs and expenses of any kind, including without limitation, personal injuries. Scrap Inn Inc, is not responsible for lost or stolen goods. With my attendance at this event, I realize that I may be included in publicity photos. I hereby give my consent for the use of these photos and my comments in future Scrap Inn Inc, promotional materials. In the event of a cancellation, there will be a \$50 fee, any remaining deposit amount is transferrable to a future weekend if cancelled prior to 10 days of your reserved date.

Signature _____ Date _____

Please complete this form and mail along with your deposit (check or credit) to: Scrap Inn
PO Box 413
Belvidere, IL 61008

Check Amount (circle) \$50 \$100

For credit card payment, please complete this section: (circle) Visa MasterCard Discover

Credit Card Amount \$100 Account# _____ Exp Date _____

Signature _____ Security Code _____

Thank you for choosing Scrap Inn, we look forward to serving you!