



Weekend Retreat Registration Form

Group Contact Person _____ Dates Attending _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Offer Code _____

Phone _____ How did you hear about us? _____

Do you have any food allergies or dietary concerns? _____

Waiver, Release and Terms of Agreement

The signature below indicates that I agree to the following terms. I hereby release Scrap Inn, Inc., its sponsors, its 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, the \$100 deposit is not refundable, however, may be transferred to another weekend.

Signature _____ Date _____

Please complete this form and mail along with a \$100 deposit to:

Scrap Inn P.O. Box 413 Belvidere, IL 61008

Please make Checks payable to Scrap Inn

For Credit Card Payment, please complete this section: (circle) Visa MasterCard Discover

Account # _____ Exp Date _____

Signature _____ Security Code _____

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