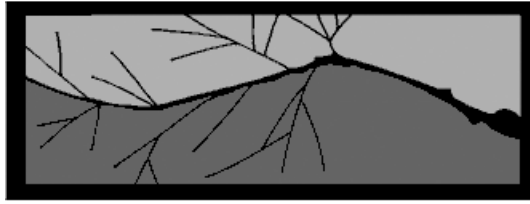


CEDAR HILL



RETREAT CENTER

Group Registration Form

Name of Group: _____

Church/Organization affiliation,
if different than above: _____

Contact name: _____ Phone: _____

Address: _____

Email: _____ Cell: _____

Purpose of retreat: _____

Date(s) of Retreat: _____ Number of retreatants expected: _____

Time of expected arrival: _____ Time of expected departure: _____

Special dietary considerations? _____

Your signature below acknowledges your understanding and agreement to the following items:

- Cancellation or changes in your reservation must be made at least one week prior to your date of arrival. Refund of deposits will not be available after this date.
- All participants will be required to register individually upon arrival.
- The group, as represented by the person signing this form, takes responsibility for the actions of its members and any significant damage done to the Center above and beyond normal wear and tear.
- Use of the Center's grounds is at the user's own risk. Cedar Hill has taken precautions to make the area as safe as possible, but hikes, use of the pond and surrounding areas may entail risks for which Cedar Hill will not be liable.
- All dietary restrictions and considerations are fully disclosed on this form. Such considerations for individuals joining the group late will be conveyed to Cedar Hill staff at least one week prior to the date of arrival.

Contact person signature: _____

Cedar Hill Retreat Center

3416 Crooked Creek Rd. Carlisle, KY 40311

www.cedarhillretreats.org

(859) 289-2832