

13th ANNUAL OSEH SHALOM CONGREGATIONAL RETREAT*REGISTRATION *****
Cacapon State Park, WV – January 15-17, 2010

Please complete all 3 parts and return the form to the address/fax at the bottom.

P A R T 1	Name: _____ License Plate No.(required by Park): _____ Address: _____ Phone (evening): _____ (daytime): _____ (e-mail): _____ Names of all person(s) sharing room: _____ _____ (Please list names and ages of all children so we can plan youth activities.) <input type="checkbox"/> I am interested in car pooling and have space for _____ person(s) in my car. <input type="checkbox"/> I need a ride . <input type="checkbox"/> I am interested in sharing a room or cabin with (please list person(s) or we can suggest a match) _____. <input type="checkbox"/> I am willing to volunteer to assist with children(s) programs or child care (limited commitment; we will contact you with details).
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P A R T 2	I/We would like to reserve the following accommodations (check which apply): <input type="checkbox"/> _____ room(s) in the Main Lodge (Please indicate how many rooms you want. Families with more than 4 persons may need to take 2 rooms and pay the extra room charge shown below. No cots or rollaway beds are available. Register early to get the accommodations you want.) <input type="checkbox"/> 4-person cabin (2 bedrooms; 1 dbl., 2 twins) <input type="checkbox"/> 8-person cabin (4 bedrooms; 3 dbl., 2 twins) Preference for the cabins will be given to larger families and groups. They are winterized and have the luxury of kitchens and fireplaces. All are located in one area, which is a 5 - 10 minute walk from the Lodge. <p align="center"><u>Fill in and total your charges using the rates shown:</u></p> Include anyone 12 years or older in the total adults. Count children 11 and younger separately and mark below. Rates include 2 nights private rm. w/ bath, 5 meals, all taxes, and a small activities fee. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">_____ 1 adult for \$199</td> <td style="width:15%;">\$ _____</td> <td style="width:5%; text-align:center;">→</td> <td rowspan="6" style="border: 1px solid black; padding: 5px; vertical-align: middle;"> NOTE: One room occupancy unless extra room charge added below. </td> </tr> <tr> <td>_____ 2 adults for \$288</td> <td>\$ _____</td> <td style="text-align:center;">→</td> </tr> <tr> <td>_____ 3 adults for \$378</td> <td>\$ _____</td> <td style="text-align:center;">→</td> </tr> <tr> <td>_____ 4 adults for \$467</td> <td>\$ _____</td> <td style="text-align:center;">→</td> </tr> <tr> <td>_____ children 3-11yrs @ \$65 ea.</td> <td>\$ _____</td> <td style="text-align:center;">→</td> </tr> <tr> <td>_____ children 2yrs and under... <input type="checkbox"/> we need a crib</td> <td>\$ no charge</td> <td></td> </tr> <tr> <td>_____ extra room charge (Main Lodge) add \$147</td> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td>_____ extra charge for 4-person cabin add \$168</td> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td>_____ extra charge for 8-person cabin add \$294</td> <td>\$ _____</td> <td></td> <td></td> </tr> <tr> <td align="right" colspan="3">TOTAL: \$ _____</td> <td></td> </tr> </table>	_____ 1 adult for \$199	\$ _____	→	NOTE: One room occupancy unless extra room charge added below.	_____ 2 adults for \$288	\$ _____	→	_____ 3 adults for \$378	\$ _____	→	_____ 4 adults for \$467	\$ _____	→	_____ children 3-11yrs @ \$65 ea.	\$ _____	→	_____ children 2yrs and under... <input type="checkbox"/> we need a crib	\$ no charge		_____ extra room charge (Main Lodge) add \$147	\$ _____			_____ extra charge for 4-person cabin add \$168	\$ _____			_____ extra charge for 8-person cabin add \$294	\$ _____			TOTAL: \$ _____			
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P A R T 3	<p align="center">Payment Options</p> <p>Method of Payment (note: full payment must be recd. in the Synagogue Office by December 15): <input type="checkbox"/> Check (payable to Oseh Shalom). <input type="checkbox"/> VISA <input type="checkbox"/> M/C Acct.# _____ Expiration Date: _____ Signature: _____ Please mail or fax to: Oseh Shalom Retreat, 7515 Olive Branch Way, Laurel MD 20707, 301-498-3785 (fax) Please Note: In order to meet our financial obligations to Cacapon State Park, no refunds beyond \$25.00 per person can be issued after December 27 unless the vacancy can be filled.</p>
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