Fifty-Plus Conference
February 28 - March 3, 2010

Office Use
REG# _____
HOUSING# _____

To register, return completed form and payment to Mission Springs.

Name _____

Spouse Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone ( ) _____ Work Phone ( ) _____

E-mail _____ @ _____

Church _____

HOUSING (check one)	Adult (rates per person)		
☐ Deluxe (Redwood Lodge)	$ 276	x _____ =	$ _____
☐ Select (Laurel or Wellander)	$ 239	x _____ =	$ _____
☐ Program & Meals Only	$ 140	x _____ =	$ _____

Subtract Bring-a-Friend Discount (_____)

Enter Fees Below

We have a LIMITED number of ground level units. Please check here ☐ if this is your preference and we will do our best to accommodate you.

Conference begins Sunday and concludes on Wednesday.

All meals, lodging, program and snacks are included in the listed prices. Financial assistance is available upon request -- please call the Registrar.

Bring-A-Friend Promotion

Bring a first-time 50-Plus friend(s) and each new friend(s) will receive $30 OFF his/her registration fee. As a thank you, you also will receive a one-time $30 promotional discount OFF your registration fee. Be sure to list the name(s) of the friend(s) you have invited on your form. Also be sure to have your friends list you on their form.

_____

_____

_____

_____

_____

List your friends here!

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Mission Springs Christian Camps & Conference Center (hereinafter, "Mission Springs"), also known as Frontier Ranch, offers an array of camp and conference services and facilities. While Mission Springs strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural, dim, and rustic setting of Mission Springs. By signing below, I attest that I have disclosed all known health conditions that may affect Participant's participation in the Mission Springs camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of a physician's examination, within six months of the scheduled conference or camp. I acknowledge that Mission Springs shall not be responsible for personal belongings that may be lost or stolen during a camp or conference. In the event of an emergency, I hereby give permission to Mission Springs (and physicians selected by Mission Springs) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Mission Springs grounds, except as otherwise noted on the conference or camp application. I also give Mission Springs permission to use Participant's photo in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Mission Springs, and on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Mission Springs, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein, which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I have a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE MISSION SPRINGS AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM THE NEGLIGENT ACTS OR FAILURES TO ACT OF MISSION SPRINGS EMPLOYEES, AGENTS, DIRECTORS, OFFICERS, AND/OR VOLUNTEERS. The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.**

SIGNATURE _____ *PRINT NAME* _____ *DATE* _____

Participation in Mission Springs programs is open to everyone without regard to race, age, national origin, religion, sex, or disability.

50 Plus Financial Information

Payment Options:

CHECK OR CREDIT CARD

Housing: $ _____

B/F Discount: $ (_____)

Total Amt. Due $ _____

Check Amount $ _____
Payable to Mission Springs
Minimum deposit of $75 per camper

Balance Due $ _____

In the event of cancellation, a $75 non-refundable deposit (included in camp fee) will be retained.

Housing: $ _____

B/F Discount: $ (_____)

Total Amt. Due $ _____

Full Payment Required with Credit Card

Full payment is required with credit card.
In the event of cancellation, a $75 non-refundable deposit will be retained.

Credit Card: ☐ Visa ☐ Master Card

Name on Card: _____

#: _____/_____/_____/_____

Exp. Date: Month _____ Year _____ V-code (3-digit number on back of card): _____

Billing address: _____

_____

Cardholder signature _____

Mail Registration Form and payment to:
Mission Springs Camps & Conference Center, 1050 Lockhart Gulch Road, Scotts Valley, CA 95066

REG# _____
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