



CWPN's Harvest Gathering

Where People Come Together To Be Together

REGISTRATION FORM

Thursday, September 16 to Sunday, September 19, 2010
Hartford County 4-H Camp, Marlborough, Connecticut

Each person must fill out their own registration form. Feel free to copy this form as often as needed.

If you are going to be a vendor, please note there is a vendor fee of \$25.00.

***All registrants will be required to sign a Waiver of Liability upon your arrival.
Please bring Photo ID with you.***

Legal Name: _____ Name you prefer: _____ Sex: M or F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email Address: _____

Housing Arrangements

We will do our best to accommodate your needs. Please let us know if you want to be housed with specific persons and include all registrations together. Please let us know if you require an all male or all female cabin.

Tent Cabin Please list all names of family or group
that you wish to be housed with and include their registration forms.

Registration Cost and Meal Plans

Please check which option you are choosing.

Options for Adults	Postmarked 07/16/10	Postmarked 09/03/10	CWPN Adult Member	Sub-total
<input type="checkbox"/> 1 - full meal plan and cabin	\$220.00	\$255.00	- \$10.00 =	_____
<input type="checkbox"/> 2 - full meal plan and tent	\$195.00	\$230.00	- \$10.00 =	_____
<input type="checkbox"/> 3 - non meal plan and cabin	\$170.00	\$205.00	- \$10.00 =	_____
<input type="checkbox"/> 4 - non meal plan and tent	\$145.00	\$180.00	- \$10.00 =	_____

Options for Children (6 to 12 yrs. Under 5 yrs. free)	# of Children			
<input type="checkbox"/> Children 1 - full meal plan and cabin	\$110.00	\$130.00	X_____ =	_____
<input type="checkbox"/> Children 2 - full meal plan and tent	\$95.00	\$115.00	X_____ =	_____
<input type="checkbox"/> Children 3 - non meal plan and cabin	\$85.00	\$105.00	X_____ =	_____
<input type="checkbox"/> Children 4 - non meal plan and tent	\$70.00	\$90.00	X_____ =	_____

Renaissance Feast - (Add Cost if you are **NOT** signing up for meal plan) + \$25.00: _____

Vendor - If you have been confirmed as a vendor, please include the vendor fee. + \$25.00: _____

For more information about vending, please contact Tish at vending@harvesthomegathering.com

Donations towards the HHG Scholarship fund: _____

Total: _____

PAYMENT: **Check** **Money Order** **Paypal:** Confirmation number: _____

Make checks payable to CWPN, Inc. Mail to: CWPN, Inc., P.O. Box 1175, New Milford, CT 06776-1175 Attn: Harvest Gathering. *All returned checks will be charged \$25.00

Please check here if you are Vegetarian. **Please Note: No vegan meals will be served.**

I have special needs: _____

Refund Policy

If you must cancel your registration, CWPN's Harvest Gathering will refund the cost of the event minus \$25.00 filing fee up to August 20th. After August 20th no refunds will be issued.