

**PROGRAM REGISTRATION FORM
STONY POINT CENTER**

17 Cricketown Road, Stony Point, NY 10980
Phone: (845) 786-5674, Fax: (845) 786-5919
Email: programs@stonypointcenter.org

**Please complete a separate Registration Form for each person,
and for each program.**

PARTICIPANT:

_____ / _____ Name Telephone
_____ / _____ Address Email Address

PROGRAM:

_____ / _____ Name of Program Cost

_____ The cost of the program includes all meals and a shared double room with hall bathrooms.*
Date(s) of Program

Note: If you are registering for a family camp program, please include the names of all participants in the space provided on page two.

ACCOMMODATIONS:

- _____ Shared room with hall bathrooms (included in program cost).
- _____ Single room with hall bathroom. (additional \$40.00/ person/night).

_____	Roommate _____ Yes _____ No	_____	Name of Roommate
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Roommates **must** designate each other. If no preference is indicated, Stony Point Center will assign roommates.

*A limited number of private rooms may be available at an additional cost. Contact the Stony Point Registrar by email: programs@stonypointcenter.org or by telephone at 845-786-5674 Ext. 107 to check on availability.

EXTENDED STAY:

Would you like to be a guest of Stony Point Center before or after the program? Please contact the Registrar by email: programs@stonypointcenter.org or by telephone at 845-786-5674, Ext.107 for space availability. Cost: \$90.00/person/night.

TRANSPORTATION:

If you would like assistance with directions or ground transportation to or from Stony Point Center, contact the Transportation Office at 845-786-5674, Ext.123, or by email: transportation@stonypointcenter.org..

Arrival Date: _____ Time: _____
Departure Date: _____ Time: _____

DIETARY OR ACCESSIBILITY NEEDS:

Please indicate specific needs: _____

Cost Summary:

Program Cost		\$ _____
Additional Housing Cost	(advance reservation required)	_____
Extended Stay at SPC	(advance reservation required)	_____
Transportation Costs	(advance reservation required)	_____
TOTAL:		\$ _____

PAYMENT METHOD:

Credit Card: VISA _____ MASTER CARD _____

Account No: _____ Print Name of Card Holder _____

Expiration Date: _____ Signature of Card Holder _____

Check Number: _____ (Make check payable to Stony Point Center)

Email your completed registration with your payment information to: programs@stonypointcenter.org; send by fax: 845-786-5919 or by U.S. mail to:

Programs at Stony Point Center
17 Cricketown Road
Stony Point, New York 10980

FAMILY CAMP REGISTRATIONS:

Please list the names of the participants and the ages of the children included in the Family Program registration:

_____	_____
_____	_____
_____	_____
_____	_____