

**Registration Form
Western Nativist Gathering 2017**

Sun Meadow Family Nudist Resort
30400 S. Sunray Trail
Worley, ID 83876
208-686-8686
sunmeadow.org

PLEASE FILL OUT AND RETURN WITH PAYMENT TO SUN MEADOW RESORT

The Western Nativist Gathering will begin on the morning of Thursday August 17 and end on Sunday August 20. Pre-registration is not necessary for this event. All Gathering attendees must check in at the Sun Meadow office upon arrival. Adults will be asked to supply photo identification; TNS members have your membership card ready. If you have questions, please call Sun Meadow Resort.

Names of Gathering registrants (including children)

Name _____ Under 18 Name _____ Under 18
 Name _____ Under 18 Name _____ Under 18
 Address _____ Phone(day) _____
 City _____ State _____ ZIP _____ Phone(cell) _____
 E-mail _____
 Emergency Contact (not with you) _____ Phone _____

(A) Event Registration Fee - \$50.00 per person. (18 or over)

(B) Camping and Grounds Fees

Please make check/money order for these payable to Sun Meadow Resort. Visa, MC, AmEX, Discover also accepted.

Days attending: Date in _____ Date departing _____

- Number of days _____ x number of persons _____ x \$16 each = \$ _____ Grounds fees
 (non-affiliated) _____ x number of persons _____ x \$20 each = \$ _____ Grounds fees

- Number of nights RV camping (water, sewer, and electric):

\$19 (\$24 non-affiliated) per site x number of nights _____ = \$ _____ RV fees (30 Amp)

\$23 (\$26 non-affiliated) per site x number of nights _____ = \$ _____ RV fees (50 Amp)

- Number of nights tenting (no hookups):

\$11 (\$13 non-affiliated add \$2 per day for electricity) per site x number of nights _____ = \$ _____

Camping Fees

- \$70 Hotel Rooms (if available) call now to reserve _____ = \$ _____ Hotel Rooms
 (\$75 non-affiliated)

(A) Subtotal TNS registration fees: \$ _____

(B) Subtotal Grounds/Camping/Hotel fees: \$ _____

TOTAL \$ _____

Meal packages & Ala Cart meals available upon arrival.

(C) Payment Information

_____ Check/Money Order Enclosed *Credit Card Info (below)*

Card No. _____ Exp. Date _____/_____

Signature _____ Billing Zip Code _____