

# William Holland Retreat Registration

P O Box 980, Young Harris, GA 30582-0980  
Phone: 706-379-2126

Email: lapidary@windstream.com  
Website: lapidaryschool.org

| <b>Student A</b>      |             |            |
|-----------------------|-------------|------------|
| Male                  | Female      | DOB: _____ |
| Last Name _____       |             |            |
| First Name _____      |             |            |
| Mailing Address _____ |             |            |
| _____                 |             |            |
| City _____            | State _____ |            |
| ZIP _____             | Phone _____ |            |
| Email _____           |             |            |
| Emergency Phone _____ |             |            |

| <b>Student B</b>      |             |            |
|-----------------------|-------------|------------|
| Male                  | Female      | DOB: _____ |
| Last Name _____       |             |            |
| First Name _____      |             |            |
| Mailing Address _____ |             |            |
| _____                 |             |            |
| City _____            | State _____ |            |
| ZIP _____             | Phone _____ |            |
| Email _____           |             |            |
| Emergency Phone _____ |             |            |

| <b>CLASS SELECTION</b>   |
|--|
| <b>Please apply for no more than 2 consecutive weeks per form.</b> |
| <b>Date First Class:</b> _____                                     |
| Student A (Class/Instructor) _____                                 |
| Student B (Class/Instructor) _____                                 |
| <b>Date Second Class:</b> _____                                    |
| Student A (Class/Instructor) _____                                 |
| Student B (Class/Instructor) _____                                 |

| <b>SPECIAL CONSIDERATIONS</b>                           |       |       |
|---|-------|-------|
| <i>Student:</i>   | A     | B     |
| <input type="checkbox"/> Handicap Accessible Room       | _____ | _____ |
| <input type="checkbox"/> Difficulty Walking/Using Steps | _____ | _____ |
| <input type="checkbox"/> Physical or Dietary Concerns   | _____ | _____ |
| <input type="checkbox"/> Student is Under 18 yrs. Old   | _____ | _____ |
| <input type="checkbox"/> Diabetic                       | _____ | _____ |
| <b>DIETARY CONSIDERATIONS:</b>                          |       |       |
| Student A _____   |       |       |
| Student B _____   |       |       |

| <b>LODGE Accommodations</b>                                     |
|---|
| <input type="checkbox"/> \$425 Per Person/Per Week              |
| <input type="checkbox"/> Early Arrival (Add \$18 /Person)       |
| <input type="checkbox"/> Single Occupancy Room (Add \$160 )**   |
| <input type="checkbox"/> Preferences (Not Guaranteed)           |
| <input type="checkbox"/> Sparks Lodge                           |
| <input type="checkbox"/> Otto's Lodge                           |
| <input type="checkbox"/> \$100 Deposit Required Per Person/Week |

| <b>CAMPER Accommodations</b>                                   |
|--|
| <input type="checkbox"/> \$375 Per Week (1 Student & 1 Guest)  |
| <input type="checkbox"/> \$575 Per Week (total for 2 Students) |
| <input type="checkbox"/> Early Arrival (Add \$12/Site)         |
| <b>EQUIPMENT TYPE &amp; LENGTH</b>                             |
| <input type="checkbox"/> Motor Home _____ ft                   |
| <input type="checkbox"/> Tent                                  |
| <input type="checkbox"/> Travel Trailer _____ ft               |
| <input type="checkbox"/> Pop-Up                                |
| <input type="checkbox"/> \$50 Deposit Required Per Person/Week |

| <b>MAKE CHECKS PAYABLE TO WILLIAM HOLLAND RETREAT, INC.</b>  |
|--|
| <ul style="list-style-type: none"> <li>• DEPOSIT REQUIRED with REGISTRATION. (<i>Domestic, First Party Check, Money Order or PayPal. Fees in US funds .</i>) Balance due at Check In. Does not include materials, class fees, lab fees, or other incidental fees.</li> <li>• When adding a <b>Guest</b>, identify that person as STUDENT B and write "GUEST" where you would indicate their class. When requested <b>Roommate</b>, identify that person's name as STUDENT B and write "REQUESTED ROOMMATE" on the Address line.</li> <li>• There will be NO Refund for cancellations less than THREE WEEKS prior to class date. There is a \$15 per class cancellation charge after application is received...regardless of class availability.</li> </ul> |

Signature \_\_\_\_\_ Date \_\_\_\_\_