

William Holland Retreat Registration

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

Email info@lapidaryschool.org
Website: lapidaryschool.org

Student A

Male Female DOB: _____

Last Name _____

First Name _____

Mailing Address _____

City _____ State _____

ZIP _____ Phone _____

Email _____

Emergency Phone _____

Student B

Male Female DOB: _____

Last Name _____

First Name _____

Mailing Address _____

City _____ State _____

ZIP _____ Phone _____

Email _____

Emergency Phone _____

CLASS SELECTION

Please apply for no more than 2 consecutive weeks per form.

Date First Class:

Student A (Class/Instructor)

Student B (Class/Instructor)

Date Second Class:

Student A (Class/Instructor)

Student B (Class/Instructor)

LODGE Accommodations

- \$425 Per Person/Per Week
- Early Arrival (Add \$18 /Person)
- Single Occupancy Room (Add \$160)**
- Preferences (Not Guaranteed)
- Sparks Lodge
- Otto's Lodge
- \$100 Deposit Required Per Person/Week

SPECIAL CONSIDERATIONS

- Student:
- | | 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 | | |
- Handicap Accessible Room
 - Difficulty Walking/Using Steps
 - Physical or Dietary Concerns
 - Student is Under 18 yrs. Old
 - Diabetic

DIETARY CONSIDERATIONS:

Student A

Student B

CAMPER Accommodations

- \$375 Per Week (1 Student & 1 Guest)
- \$575 Per Week (total for 2 Students)
- Early Arrival (Add \$12/Site)

EQUIPMENT TYPE & LENGTH

- Motor Home _____ ft Tent
- Travel Trailer _____ ft Pop-Up
- \$50 Deposit Required Per Person/Week

MAKE CHECKS PAYABLE TO WILLIAM HOLLAND RETREAT, INC.

- DEPOSIT REQUIRED with REGISTRATION. (Domestic, First Party Check, Money Order or PayPal. Fees in US funds .) Balance due at Check In, including consumable fee (if required by class). Does not include materials, class fees, lab fees, or other incidental fees.
- When adding a **Guest**, identify that person as STUDENT B and write "GUEST" where you would indicate their class. When requested **Roommate**, identify that person's name as STUDENT B and write "REQUESTED ROOMMATE" on the Address line.
- 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.

Signature _____

Date _____