

CRONES COUNSEL XXVII

“CHANGING WOMAN”

September 4 – 8, 2019

Tucson University Park Hotel
880 E 2nd Street
Tucson, Arizona 85719



REGISTRATION FORM

NAME _____

Name you would like to be known by if different from above _____

ADDRESS: _____

EMAIL: _____
We communicate primarily by e-mail. If you have one, please include.

TELEPHONE: _____ Cell: _____

Emergency Contact: Name:	Number:
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BIRTH YEAR: _____

We need your birth year for our honoring ceremony.

Is this your first time? Yes__ No__ *(Please let us know)*

Registration Fees:

Before 10/31/18	11/1/18 – 2/28/19	3/1/19 –7/31/19	After 8/1/19	Total
\$175.	\$190.	\$225.	\$245.	
Elders (80 & over)				
\$160.	\$175.	\$210.	\$225.	
Donation to Grant Fund				
Donation to CC Organization				

Total \$ _____

If paying by credit card, please register online at <https://www.cronescounsel.org/2019-registration/>

If paying by check, payable to Crones Counsel, mail the check to CC Treasurer, Kay Marie Bouma, 5452 Hillery Dr, Scottsdale, AZ 85254 and this downloaded registration form to CC Registrar, Maggie Fenton, 6424 Township Rd 199, Centerburg, OH 43011 740-625-7278. They will coordinate your registration process.



HOTEL INFORMATION

TUCSON UNIVERSITY PARK HOTEL
880 E 2nd St, Tucson, Arizona 85719

Reservations: 520-792-4100
\$119/night – two Doublebeds

Roommate: _____
If you need a roommate, make that request known on CC27 Facebook Page

Grant Application:

Grants are available on a limited basis. For information on grants, please complete the online application on the Crones Counsel website, <https://www.cronescounsel.org/registration/>

Refunds:

Cancellations up to August 1, 2019 will be given a total refund; however, after that date there will be a \$25.00 cancellation fee.

2019 LIABILITY WAIVER, ASSUMPTION OF RISK AGREEMENT AND PHOTOGRAPHY RELEASE (PLEASE SIGN AND DATE THE FOLLOWING).

I have read the activity description and voluntarily enroll in the Crones Counsel gathering. I understand and realize activities involved in the program involve risks which may result in injury to me. I knowingly and voluntarily assume all such risk which I may sustain in connection with the above program, including but not limited to injury sustained while traveling on highways and over rough terrain, forces of nature, falling, slipping and any accident or illness which may occur while I am enrolled in the program. Furthermore, in consideration of the permission granted to me to participate in the above program, on behalf of myself, my heirs, legal representatives, I release and discharge Crones Counsel, Inc. and the Crones Counsel Board of Directors and their officers from liability or for any injuries or property loss or damage I may sustain while participating in the above activity. I fully realize and accept the responsibility to myself and my companions to carry out all program activities according to Crones Counsel procedures and in a safe and prudent manner. This release does not apply to acts of gross negligence or wanton and reckless conduct.

I also agree I shall be responsible for any expenses incurred or damages suffered as a consequence of my personal injury or property loss or damage; that I shall carry adequate accident and health insurance for this purpose and I shall not hold Crones Counsel, Inc. or the Crones Counsel Board of Directors and their officers responsible for such expenses.

I grant Crones Counsel and its representatives the right to take photographs of me in connection with a Crones Counsel Gathering. I authorize Crones Counsel, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Crones Counsel may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature

Date