Registration Form
Western Naturist 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 Naturist 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 _____ 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 - $30.00 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_____