



Croptober Escape
 October 22-24, 2010
 Holiday Inn Stamford Downtown

Name: _____ Phone: _____

Address: _____ City _____ Zip: _____

Email Address: _____

REGISTER BY JUNE 15, 2010 for \$15.00 in BONUS SCRAPPETIZER DOLLARS! Space is limited!

CHECK PACKAGE:

CIRCLE YOUR ROOM REQUEST:

	<u>Double</u>	<u>Triple</u>	<u>Quad</u>	<u>Single</u>
___ Full Weekend (Fri & Sat Overnight stay)	\$339	\$305	\$289	\$441
• Cropping on Fri, Sat & Sun; dinner on Friday; breakfast & lunch on Saturday; breakfast & lunch on Sunday.				
___ Mini-Crop #1 (Friday Overnight Stay)	\$267	\$216	\$199	\$267
• Cropping on Fri & Sat; dinner on Friday; breakfast & lunch & dinner on Saturday.				
___ Mini-Crop #2 (Saturday Overnight Stay)	\$210	\$193	\$185	\$261
• Cropping on Sat & Sun; lunch on Saturday; breakfast & lunch on Sunday.				
___ LOCAL: Friday only (10:00 am – Close)	\$80			
• Cropping on Friday; dinner on Friday.				
___ LOCAL: Saturday only (8:00 am – Close)	\$89			
• Cropping on Saturday; lunch on Saturday.				
___ LOCAL: Sunday only (8:00 am – 5:00 pm)	\$74			
• Cropping on Sunday; lunch on Sunday.				
___ LOCAL FRI/SAT	\$157			
• Cropping on Fri. & Sat.; dinner on Friday, lunch on Saturday				
___ LOCAL SAT/SUN	\$151			
• Cropping on Sat & Sun; lunch on Sat., lunch on Sun.				
___ LOCAL 3 Days	\$219			
• Cropping on Fri, Sat and Sun; dinner on Fri; lunch on Sat; lunch on Sun.				
___ + Thursday night hotel stay (add to any package)	\$60	\$40	\$30	\$120

All rates are per person **TOTAL PAYMENT DUE:** _____
DEPOSIT DUE ASAP -\$50 minimum to hold space _____
BALANCE DUE BY 12/10/09 _____

List Roommates/Seatmates: _____

Meal restrictions/Special needs _____

Choose payment options:

___ Check payable to **Kathy Gaffney** enclosed for _____ deposit now and full amount sent by 09/25/10

___ Please send a PAYPAL request on or after 09/25/10 for final balance

___ Charge Credit Card # _____ Exp. Date _____ on or after 09/25/10

Name on Card _____ Billing Zip code _____

****MasterCard, Visa and Discover Card accepted***

For information email: **scrappetizer@gmail.com** or go to: **www.scrappetizer.com**

MAIL PAYMENT & REGISTRATION TO: Kathy Gaffney, 22 Hemlock Drive, Franklin, NJ 07416

CANCELLATION POLICY: Over 60 days from event date - \$10 processing fee; 0-60 days before event - \$40 processing fee and any other monies that have been paid out on your behalf. If a roommate cancels, the remaining guests will be responsible for the difference in the room amount. By submitting a registration form I release Scrappetizer Retreats/ChesterScraps from any liability in regards to my travel or attendance at a retreat.