

# SCRAPBOOKING

## Fall Ocean Retreat

### 2024 Policies and Procedures

#### Payment for weekend:

- 1) A 10% discount will be applied to your account if you reserve your room and space by August 31, 2024 with payment in full.
- 2) We accept cash, check and Visa/Mastercard as forms of payment. There will be a \$35.00 fee assessed if any checks or credit charges are returned.
- 3) A deposit of \$50.00 will reserve your space.
- 4) Payment in full must be made by October 1, 2024.
- 5) If payment in full is not received by the deadline, there will be a 10% fee added to the weekend cost.

#### Cancellations:

- 1) In the event that you must cancel, please contact us as soon as you know that you have a conflict. Also, please try to find a replacement cropper. If you cancel, you will not receive the retreat 'goodies'.
- 2) We will refund 50% of your collected fee if you cancel at least 60 days or more before the weekend.
- 3) We will refund 25% of your collected fee if you cancel in 8 days or more before the weekend.
- 4) No refund will be issued if you cancel within 7 days of the retreat.

The hotel amenities are: Partial Ocean View queen bedrooms, small refrigerator, private balcony, indoor pool, and fitness room. Please note any special needs on your registration form so we can make this a GREAT and RELAXING trip for you. This year we will be closing the cropping room at 1am and reopening at 8am.

Your cancelled check will be your confirmation of your reservation. Directions and additional information will be emailed in October 2024. Please be sure that we have a valid email address, so that we can send notices periodically.

Make checks payable to 'Ocean Retreat' and send to: Ocean Retreat, 10444 Hotel Road, Bishopville, MD 21813 or Paypal to [persu@verizon.net](mailto:persu@verizon.net) as 'personal'.

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**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE/ZIP:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**ROOMMATE REQUEST:** \_\_\_\_\_

**CROPPING PARTNER REQUEST:** \_\_\_\_\_

**NUMBER OF NIGHTS:** \_\_\_\_\_ **NIGHTS STAYING (CIRCLE):** Mon Tues Wed Thurs Fri Sat Sun Mon

**AMOUNT PAID:** \_\_\_\_\_ **CREDIT CARD NUMBER:** \_\_\_\_\_

**SIGNATURE FOR CREDIT CARD CHARGE:** \_\_\_\_\_

**EXP DATE:** \_\_\_\_\_ **CCV #:** \_\_\_\_\_

**CREATIVE MEMORIES CONSULTANT'S ID:** \_\_\_\_\_

Is there ANYTHING else that you would like us to know ahead of time: