

Registration Form ~ Yearly Meeting Session 2013
 University of Guelph, Kemptville Campus, Kemptville, ON / August 16-24

Registrants:

1) Name: _____
 M F Age: ____ First Time at YM?
 I will attend the **Pre-YM Retreat**

Worship Choice after Quaker Study
 Worship Fellowship Silent Worship
 Worship Study Walking Meditation
 Worship Sampler Chant

2) Name: _____
 M F Age: ____
 I will attend the **Pre-YM Retreat**

Worship Choice after Quaker Study
 Worship Fellowship Silent Worship
 Worship Study Walking Meditation
 Worship Sampler Chant

3) Name: _____
 M F Age: ____
 I will attend the **Pre-YM Retreat**

Worship Choice after Quaker Study
 Worship Fellowship Silent Worship
 Worship Study Walking Meditation
 Worship Sampler Chant

4) Name: _____
 M F Age: ____
 I will attend the **Pre-YM Retreat**

Worship Choice after Quaker Study
 Worship Fellowship Silent Worship
 Worship Study Walking Meditation
 Worship Sampler Chant

Contact Info

Home Address: _____ Telephone: _____

_____ Email: _____

Monthly Meeting: _____ Twitter/Facebook ID: _____

Arrival Info

Yes, I will require transport to the site – and will join the following van to Kemptville:

- 4:00 pm Fri, Aug 16 from Ottawa Meetinghouse / 4:30 pm, Fri, Aug 16 from Ottawa Airport
 11:00 am Sat, Aug 17 from Ottawa Meetinghouse / 11:30 am, Sat, Aug 17 from Ottawa Airport
 3:00 pm Sat, Aug 17 from Ottawa Meetinghouse / 3:30 pm, Sat, Aug 17 from Ottawa Airport

\$20 cash payable to your driver please. (____) # of people

Programme Fee

This fee is charged to all adults age 18 years and older.

| | Weekly Rate | Daily Rate | # of Adults | TOTAL |
|-------------------------|--------------------|-------------------|--------------------|--------------|
| Before June 30 | \$110/wk (or) | \$23/day | x | = |
| July 1 – July 31 | \$140/wk (or) | \$30/day | x | = |

Pre-Gathering Retreat (Description on page 3 of Insert)

| | # of Adults | x \$40 | TOTAL |
|---------|-------------|--------|-------|
| Retreat | | | |

Lodging

Indicate how many adults and youth for each night. **Ages 0-2 are free; ages 3-10 are half-price and ages 11 and older are full adult rate.**

| | Fri 16 | Sat 17 | Sun 18 | Mon 19 | Tue 20 | Wed 21 | Thu 22 | Fri 23 | RATE/NIGHT | SUB TOTAL |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|-----------|
| SINGLE (Dorm) | | | | | | | | | \$56/person | |
| DOUBLE (Dorm) | | | | | | | | | \$43/person | |
| Tenting | | | | | | | | | \$10/person | |
| Preferred Roommate: _____ | | | | | | | | | TOTAL | |

- If you are staying off-site, please provide an emergency contact number: _____
- Check here if you must be close to a washroom: ___ Male or ___ Female
- Check here if you would prefer a room on the lowest floor possible (minimal stairs).

Meals – Individual Meals and Daily Meal Plan

Indicate the number of adults and youth for each meal. **Ages 0-2 eat free; ages 3-10 are \$8/b, \$10/l, \$14/s. Ages 11 and older are adult rate** You may choose daily meal plan (see below and note re individual meal purchases for Fri, Aug 16 and Sat, Aug 24) or pay per individual meal.

INDIVIDUAL MEALS:

| | Fri 16 | Sat 17 | Sun 18 | Mon 19 | Tue 20 | Wed 21 | Thu 22 | Fri 23 | Sat 24 | Per Meal | Sub Total |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|-----------|
| Breakfast | | | | | | | | | | \$ 9 | |
| Lunch | | | | | | | | | | \$ 14 | |
| Supper | | | | | | | | | | \$ 17 | |
| Please note: individual meals for Fri, Aug 16 supper and Sat, Aug 24 breakfast & lunch must be purchased separately (they are not part of daily meal plan). | | | | | | | | | | Total | |

DAILY MEAL PLAN:

| | Sat 17 | Sun 18 | Mon 19 | Tue 20 | Wed 21 | Thu 22 | Fri 23 | # of Adults | RATE | Sub Total |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|-------------|--------------|-----------|
| # of Adults each meal | | | | | | | | | x \$33 | |
| Number of Youth 3-10 | | | | | | | | | x \$27 | |
| | | | | | | | | | Total | |
| Individual Meals + Daily Plan | | | | | | | | | | |

Medically-Necessary Dietary Need:

- Vegetarian Meals Only Allergies: _____
- Medically-Needed Diet:** (diabetic, gluten-free, etc.): _____

Donation

If you can afford to contribute money beyond your own costs, you will enable a Friend to attend Yearly Meeting session who needs financial assistance. This money will be added to the budgeted amount for assistance by CYM. All donations are tax deductible. Tax receipts will be issued in early 2014.

Yes, I am able to donate \$ _____

Child Care/Crafts/Displays

Yes, I need child care during the Pre-YM Retreat. Age(s) of child(ren) _____

Yes, I need child care during the SPG Lecture. Age(s) of child(ren) _____

Yes, I will bring crafts to sell. # of tables required: _____

Yes, I will bring a display. # of tables required: _____

Cost Summary

| RETREAT FEE | PROGRAMME FEE | LODGING | MEALS | DONATION (If Able) | TOTAL |
|-------------|---------------|---------|-------|----------------------|-------|
| | | | | | |
| | | | | Paid in Full/Deposit | |
| | | | | Balance Owing | |

Please make cheques **payable to "Canadian Yearly Meeting"**

For your convenience you may charge all or part of your registration fees to your credit card.

Please charge \$ _____ to my credit card for full/partial payment for Yearly Meeting session 2013 registration.

Card Number: _____ Expiry Date: _____

Cardholder's Signature: _____

Volunteer Ministry and Community Building

Do you have any special needs that you may need help with? How may we help? (i.e. note-taking, mobility issues, hearing difficulty, etc.) _____

Do you need Programme Committee to rent a walker or wheelchair? _____

Yearly Meeting participants are encouraged to volunteer in **1 or 2** of the following ministries. Please tell us where you feel led to serve (*indicate qualifications: First Aid is a requirement for Medic). Brief descriptions of these tasks are found in this registration Insert.

- | | | |
|---|---|---|
| <input type="radio"/> Adult Friend Volunteer Ministry | <input type="radio"/> Evening Babysitter | <input type="radio"/> Threshing Session Clerk |
| <input type="radio"/> Bell Hop | <input type="radio"/> Family Night Helper | <input type="radio"/> Walking Meditation Leader |
| <input type="radio"/> Clean Up Volunteer (Aug 24) | <input type="radio"/> Medic* _____ | <input type="radio"/> Worship Fellowship Leader |
| <input type="radio"/> Committee of Care during YM | <input type="radio"/> Meetingroom Set Up | <input type="radio"/> Worship Study Leader |
| <input type="radio"/> Computer Support | <input type="radio"/> Refreshments | <input type="radio"/> Youth Program Helper |
| <input type="radio"/> Doorkeeper | <input type="radio"/> Silent Worship Leader | |

Please mail this form with your payment to:

Canadian Yearly Meeting
91A Fourth Avenue
Ottawa, ON K1S 2L1

Phone: 613.235.8553
Fax: 613.235.1753
Email: cym-office@quaker.ca

Early Deadline: June 30, 2013
Final Deadline: July 31, 2013

Parental Release Form for all participants in Canadian Yearly Meeting under the age of 18

Canadian Yearly Meeting must seek parental release for all young people ages 0-17 who participate in Canadian Yearly Meeting sessions. We assume that all young people will be registered for the entire time they are on campus. Please complete return the form(s) with your registration materials. Thank you.

1) Child's name: _____ Date of birth: _____

Health coverage details (name of plan and registration number):

Conditions or special needs that group leaders/health care providers should know:

2) Child's name: _____ Date of birth: _____

Health coverage details (name of plan and registration number):

Conditions or special needs that group leaders/health care providers should know:

I give permission for my child(ren) to participate in the 2013 sessions of Canadian Yearly Meeting and to participate in all planned program activities, both on and off campus. I hereby release Canadian Yearly Meeting, its officers, staff, volunteers and the host facility from all liability for any injury or illness that my child may experience during Yearly Meeting sessions.

In the event of an emergency, I hereby authorize Yearly Meeting organizers, or the below-named Guardian to consent to any medical or surgical care advised by licensed health care providers. I hereby release Canadian Yearly Meeting and the host facility from any liability, legal or financial, for emergency care provided for my child. I expect to be informed as soon as possible.

Parent's/Legal Guardian's signature: _____

Name of Guardian **present and on-site** during Yearly Meeting session: _____
(If Parent/Legal Guardian is not in attendance.)

Emergency contact person **not** in attendance at Yearly Meeting session: _____
Tel: _____

Signature of Parent/Legal Guardian: _____

Signature of **on-site** Guardian: _____
(If Parent/Legal Guardian is not accompanying child(ren) to Yearly Meeting.)

**** PLEASE PHOTOCOPY THIS FORM IF REQUIRED, FOR ADDITIONAL CHILDREN.**