

SEYM Yearly Meeting Registration Form

April 4-8, 2007

To be held at the **United Methodist Life Enrichment Center (LEC)**, Leesburg, FL; site phone: 352.787.0313

Register by mail: Andrea Walsh, Registrar; 305 Glen Burnie Ave., Temple Terrace, FL 33617. Or
Register on-line <www.seym.org> **Questions?** <ygm@seym.org> or (cell) 813.787.0956

Mail check, or PAY at check-in. Charge cards are NOT accepted at check-in.

Optional pay on-line if you register on-line.

This Registration Form is divided into four sections: **Registration, Lodging, Meals, and Volunteer** choices. Please complete all sections including the volunteer portion, as this information is vital to the success of the Yearly Meeting Gathering.

LEC and W.W.Willis Camp require **on-site lodging & food to be reserved 5 weeks before the event.**
 Cancellations/refunds may be requested 2.5 weeks prior to event: ygm@seym.org.

SEYM will be billed for all reserved lodging/meals.

PART 1—Attendee Registration Information

Date _____		
Last Name(s): _____		
Have you attended YM before? (please circle answer): <u> </u> yes <u> </u> no		
Apt # if applicable: _____		
Street Address: _____		
City: _____		
State/Province: _____		
Zip/Postal Code: _____		
Country: _____		
Home Phone: _____		
Work Phone: _____		
Cell Phone: _____		
Email address: _____		
Arrival day: _____	Approx. arrival time: _____	
Departure day: _____	Approx. departure time: _____	
Guest needing transport from airport? _____ <i>Please contact registrar: <ygm@seym.org></i>		
Meeting Affiliation: _____		
Organization Representative? _____		
Organization representing: _____		
Name Tag names:	Child's age/	grade:
(first) _____	(last) _____	

REGISTRATION fees:

Registration fee: Family **\$45.00**; Individual **\$35.00** _____

Insurance fee: \$1.25/day/person (required): #people: _____ x \$ _____ -

No late fees charged this year _____

REGISTRATION FEE TOTAL \$ _____ -

PART 2—Lodging & Day-use

Life Enrichment Center (LEC) lodging & meals

	Price	#	Sub-TOTALs
Full Package 4-nights double -occupancy with 12 meals/person	\$ 230.00		\$ -
Full Package 4-nights single -occupancy with 12 meals	\$ 298.00		\$ -
Partial Package 3-nights double -occupancy with 9 meals/person	\$ 172.50		\$ -
Partial Package 3-nights single -occupancy with 9 meals	\$ 223.50		\$ -
Partial Package 2-nights double -occupancy with 6 meals/person	\$ 115.00		\$ -
Partial Package 2-nights single -occupancy with 6 meals	\$ 149.00		\$ -
Partial Package 1-night double -occupancy with 3 meals/person	\$ 57.50		\$ -
Partial Package 1-night single -occupancy with 3 meals	\$ 74.50		\$ -

Request vegan, vegetarian, diabetic, & gluten free meals in Section 3.

Life Enrichment Center (LEC) special needs:

	Wed	Thur	Friday	Sat		
Cot in double—per person per day:	\$ 10.00					\$ -
Ground floor:	_____					
Handicapped bathroom:	_____					
Prearranged double-occupancy—roommate's NAME:	_____					

Warren W. Willis Lodge:

Number of people (price per person per night):

Price	Wed	Thur	Friday	Sat		
\$22.50						\$ -

LEC RV & Tent Camping

Full hook-up RV site per night: \$ 24.00
 Partial hook-up RV site per night: \$ 20.00
 Tent site per night: \$ 15.00

	Wed	Thur	Friday	Sat		
Full hook-up RV site per night:	\$ 24.00					\$ -
Partial hook-up RV site per night:	\$ 20.00					\$ -
Tent site per night:	\$ 15.00					\$ -

Day Use Only (no lodging) per person per day: \$ 5.00

	Wed	Thur	Friday	Sat		
Day Use Only (no lodging) per person per day:	\$ 5.00					\$ -

LEC Package, WWWillis Lodge, RV, tent, day-use FEE TOTAL \$ -

PART 3—Meals

How many people in your party request **vegan meals?** _____

How many people in your party request **vegetarian meals?** _____

How many people in your party request **diabetic meals?** _____

How many people in your party request **gluten free meals?** _____

LEC MEALS not included in lodging & meal packages (xxx means meal not available)

	Price	Wed	Thur	Fri	Sat	Sun	Sub-TOTALs
Children <3 free							
Warren W. Willis kitchen use (lodge only) per day:	\$ 5.00						\$ -
Breakfast LEC (10-adult):	\$ 6.50	xxx					\$ -
Breakfast LEC (child 4-9):	\$ 5.50	xxx					\$ -
Lunch LEC (10-adult):	\$ 8.00	xxx					\$ -
Lunch LEC (child 4-9):	\$ 6.50	xxx					\$ -
Dinner LEC (10-adult):	\$ 10.00					xxx	\$ -
Dinner LEC (child 4-9):	\$ 8.50					xxx	\$ -

MEALS not included in Lodging & Meals SUBTOTAL \$ -

50% meal scholarship for Youth Meals from Trustees (-) \$ -

LEC Meals (not included in LEC Lodging & Meals Package) **TOTAL** \$ -

TOTALS

REGISTRATION & Insurance FEE TOTAL \$ -

LEC Package, WWWillis LODGE, RV, Tent, & Day-use FEE TOTAL \$ -

LEC MEALS (not included in LEC Lodging & Meals Package); **Pavilion & Lodge kitchen use TOTAL** \$ -

YOUTH at YM contribution _____

SEYM GENERAL FUND contribution _____

TOTAL DUE \$ -

Check # _____ & amount mailed to Registrar or paid on-line _____

AMOUNT DUE at check-in \$ -

PART 4—SHARE THE WORK—Volunteer Form

YOUR Name*: _____ Phone*: _____ email*: _____

Please give name. This page is sent to Volunteer Coordinators. Program times are listed on Youth Schedules. XXX means not needed.

	Wed	Thur	Fri	Sat	Sun	After YM
As a parent* , I will assist Youth Program for 1-hour on:	XXX				XXX	
Wee Friends						
WFriends provide activity	XXX				XXX	
WFriends lend-a-hand					XXX	
WFriends lend equipment						
WFriends assist in dining room						
BeWFriends official-sitter during Walton Retreat;Lecture		XXX	XXX		XXX	
WFriends assist First Day School	XXX	XXX	XXX	XXX		

Young Friends

YFriends help						
YFriends assist w/epistle						
Be YFriends official sitter during Walton Lecture		XXX	XXX		XXX	
YFriends assist First Day School	XXX	XXX	XXX	XXX		

Middle & Teen Friends

Middle/Teen Friends interviewee	XXX				XXX	
Be a Friendly Presence	XXX	XXX			XXX	

Intergenerational

Assist Leader w/activity	XXX				XXX	
Count heads at swimming pool	XXX	XXX			XXX	

Other Ways to Serve

Kids, be runners during Registration(s)					XXX	
Arrive early Wed. to help w/set-up check-in		XXX	XXX	XXX	XXX	
Help check-in at Registration Desk					XXX	
Transport guests, be greeter					XXX	
Bring bedding					XXX	
Be Buddy to special needs person						
Convene Worship Sharing	XXX				XXX	
Arrange chairs for Plenary Sessions						
Be Greeter in Auditorium prior to Plenary Sessions						
Help clean-up cafeteria						
Bring Quaker Hymnals						
Assist Audio-Visuals						
Take photos for newsletter & website						
Collect photos; make scrapbook	XXX	XXX	XXX	XXX	XXX	
Stay late Sunday for tear-down & clean-up	XXX	XXX	XXX	XXX	XXX	
Assist in bookstore					XXX	
Bring musical instrument						
Medical Professional _____						
Bring first aid kit						
Know CPR						
Certified Lifeguard						
I have been, or am willing to be, finger-printed for SEYM's Child Abuse Prevention Program						

Please note additional names and specify tasks, if more than one volunteer is listed on this form. Thanks.

*required

Volunteer Questions?

Contact **Eileen Zingaro**: 727.530.7415; OR **Judy Schmalstig**: 407.673.7438