

SEYM Yearly Meeting Registration Form

April 8 - 12, 2009

DEADLINE to register for LEC lodging & meals: **March 20, 2009**

Register by mail: Andrea Walsh, Registrar; 305 Glen Burnie Ave., Temple Terrace, FL 33617. Or

Register on-line <www.seym.org> Questions? ymg@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.

All reserved lodging/meals are billed to SETM. **You will be billed for reserved services not canceled 2.5 weeks prior to the event. Please call Registrar to cancel or to request refunds.**

PART 1—Attendee Registration Information

| | |
|---|-------------|
| Name, Last—for reservation Purposes: | Date |
|---|-------------|

| |
|---|
| Names as you would like them to appear on Name Tags: |
|---|

Have you attended YM before? (please circle answer): YES NO

| | |
|------------------------|-----------------------|
| Street Address: | |
| City/State/Zip: | |
| Home Phone: | Cell Phone: |
| Work Phone: | Email address: |

| | |
|-----------------------|------------------------|
| Arrival day: | Arrival time: |
| Departure day: | Departure time: |

Are you a guest needing transportation from airport? Yes / No (please circle)

You must contact registrar for arrangements to be picked up. 813 787-0956

| | |
|------------------------------|--|
| Meeting Affiliation: | Representative from a Quaker organization? YES / NO |
| Name of Organization: | |

REGISTRATION Fee: Family \$60.00; Individual \$50.00; single program (incl day-use fee) \$20.00
 No late fees charged this year

REGISTRATION FEE TOTAL \$ _____

PART 2 - Lodging

LIFE ENRICHMENT CENTER ACCOMMODATIONS

| Life Enrichment Center(LEC) lodging with meals | COST | QTY | SUBTOTAL |
|---|-----------|-----|-----------|
| Full Package 4-nights double-occupancy with 24 meals | \$ 504.00 | | \$ |
| Full Package 4-nights single-occupancy with 12 meals | \$ 340.00 | | \$ |
| Partial Package 3-nights double-occupancy with 18 meals | \$ 378.00 | | \$ |
| Partial Package 3-nights single-occupancy with 9 meals | \$ 255.00 | | \$ |
| Partial Package 2-nights double-occupancy with 12 meals | \$ 252.00 | | \$ |
| Partial Package 2-nights single-occupancy with 6 meals | \$ 170.00 | | \$ |
| Partial Package 1-night double-occupancy with 6 meals | \$ 126.00 | | \$ |
| Partial Package 1-night single-occupancy with 3 meals | \$ 85.00 | | \$ |
| TOTAL LODGING MEALS INCLUDED = | | | \$ |

| | WED | THU | FRI | SAT | TOTAL |
|--|-----|-----|-----|-----|-------|
| Cot in double—per person per day \$ 12.00 | | | | | \$ |

Life Enrichment Center (LEC) special needs:

Ground Floor: _____

Handicapped bathroom: _____

Double-occupancy: roommate's name _____

You must choose your own roommate

LEC LODGING WITH MEALS TOTAL \$ _____

RV & Tent Camping

| | PRICE | WED | THU | FRI | SAT | SUBTOTAL |
|--|----------------|-----|-----|-----|-----|-----------|
| Full hook-up RV site per night | \$25.00 | | | | | \$ |
| Partial hook-up RV site per night | \$25.00 | | | | | \$ |
| Tent site per night | \$20.00 | | | | | \$ |
| Pavilion kitchen use per family per day | \$5.00 | | | | | \$ |
| TOTAL | | | | | | \$ |

| | | |
|--|-------------------|-----------|
| DAY USE ONLY (NO LODGING) per person per day, | \$6.00 EA. | \$ |
| | TOTAL | |

PART 3—LEC Cafeteria Meals

Camper/RV users choose to buy the LEC meal pkg. or cook at your RV, Tent or at the Pavilion.

| LEC Cafeteria MEAL Packages | | QTY | Subtotal |
|--------------------------------------|------------------------|--------------|----------|
| Adult 4 days, 12 meals | \$104.00 | | \$ |
| Child (0 - 9) 4 days, 12 meals | completely subsidized | | \$ |
| Youth (10-18) 4 days, 12 meals | \$52.00 (½ subsidized) | | \$ |
| Adult 3 days, 9 meals | \$78.00 | | \$ |
| Child (0-9) 3 days, 9 meals | completely subsidized | | \$ |
| Youth (10-18) 3 days, 9 meals | \$33.00 ½ subsidized | | \$ |
| Adult 2 days, 6 meals | \$52.00 | | \$ |
| Child (0 - 9) 2 days, 6 meals | completely subsidized | | \$ |
| Youth (10-18) 2 days, 6 meals | \$26.00 ½ subsidized | | \$ |
| Adult 1 day, 3 meals | \$26.00 | | \$ |
| Child (0 - 9) 1 day, 3 meals | completely subsidized | | \$ |
| Youth (10-18) 1 day, 3 meals | \$13.00 ½ subsidized | | \$ |
| Saturday dinner only Adult | \$11.00 | | \$ |
| Saturday dinner only Child (0 - 9) | completely subsidized | | \$ |
| Saturday dinner only Youth (10 - 18) | \$5.50 ½ subsidized | | \$ |
| | | TOTAL | \$ |

| DIETARY NEEDS – how many in your group are: | TOTAL |
|---|-------|
| Vegetarian | |
| Vegan | |
| Gluten Free | |
| Diabetic | |
| Other (specify) | |

SEYM GATHERING 2009 TOTALS

| | |
|--|----|
| PART ONE: REGISTRATION FEE | \$ |
| PART TWO: LEC or RV or TENT SPACES | \$ |
| DAY USE FEES (if applicable) | \$ |
| PART THREE: MEAL PACKAGES (if separate from LEC package) | \$ |
| Contribution to SEYM Gathering Youth Fund | \$ |
| Contribution to SEYM General Fund | \$ |
| AMOUNT PAID IN ADVANCE | \$ |
| TOTAL DUE ON REGISTRATION | \$ |

VOLUNTEER FORM

The success of Yearly Meeting depends upon the volunteer services of many Friends. Please sign up to assist wherever you are able. Thank you.

YOUR NAME _____ MONTHLY MEETING _____

TEL NO: _____

WEE FRIENDS: I am a parent of a Wee Friend _____ (check)

Assist For One Hour On: Thursday _____ Friday _____ Saturday _____

Provide An Activity On: Thursday _____ Friday _____ Saturday _____

Baby Sit During Walton Retreat/Lecture Wednesday _____ Saturday _____

Teach or Assist First Day School (specify) Sunday _____

YOUNG FRIENDS: I am a parent of a Young Friend: _____ (check)

Assist On: Wed Eve: _____ Thursday _____ Friday _____ Saturday _____

Teach or Assist First Day School: (specify) Sunday _____

MIDDLE & TEEN FRIENDS I am a parent of a Middle or Teen Friend _____ (check)

Be a Friendly Adult Presence: Wed Eve: _____ Thursday _____ Friday _____ Sat _____

OTHER WAYS TO SERVE

Arrive early Wednesday to assist with set up and check-in: Wednesday _____

Assist Registration Desk:

Wednesday _____ Thursday _____ Friday _____ Saturday _____

Coordinate Healing Center _____ Be A Practitioner In Healing Center _____ (specify skill)

Bring Youth Craft Supplies _____

Bring Personal Needle Crafts _____

Assist Swimming Pool Supervision: Friday _____ Saturday _____

Assist in Bookstore: _____ Bring Books for Book Swap _____

Transport Guests To/From Airport: Wednesday _____ Thursday _____ Friday _____ Saturday _____

Sun _____

Buddy to a Special Needs Person: _____

Arrange Chairs for Plenary Sessions and/or Worship: Thurs. _____ Fri _____ Sat _____ Sun _____

Greeter for Plenary Sessions and/or Worship: Thurs _____ Fri _____ Sat _____ Sun _____

Bring Quaker Hymnals: (how many?) _____

Assist With Audio- Visual Equipment: _____

Photographer for Newsletter and Web Site: _____

Assist Sunday Clean Up: _____

Bring A Musical Instrument To Play: _____ (describe)

Bring First Aid Kit: _____

Bring Bedding: _____

I Am A Medical Professional: _____ (specify)

I Have Been Trained In CPR: _____

I Am a Certified Life Guard: _____

I Have Been Finger Printed: _____ I Am Willing To Be Fingerprinted: _____

SUGGESTIONS FOR OTHER WAYS I CAN ASSIST: _____

NOTE: If more than one member of your family wants to volunteer, please duplicate this form or make notations here and on the back. _____