

REGISTRATION FORM for: UU Small Group Ministry 2011

Arrive: Tuesday, August 30, 2011 by-1 pm Depart: Friday, September 2, 2011 before Lunch



*Print Form. send with Payment

TO: Helen Zidowecki, 32 Stevenstown Road, Litchfield, ME 04350

*Use this form to register up to 4 participants from a congregation.

*Please print clearly and complete all fields.

REVISED REGISTRATION SCHEDULE

CONGREGATION NAME _____:

City: _____ ST _____

Names of Registrants	Gen-der	E-mail. If no e-mail, give Phone Number	Emergency Name, Number	SGMN	Fees Below
1)					\$
2)					\$
3)					\$
4)					\$
*Membership paid here allows member discount. Congregational discount covers multiple registrants.		Congregation \$100 Individual \$40 x # People =			\$
TOTALS: At least half of the fee is due with Registration and remainder on Check-in		TOTAL AMOUNT DUE \$	AMOUNT PAID \$		

REVISED

Package Rate: (Per person) Adult Shared Occupancy:	\$300	-\$350
If registered by July 22, 2011:	\$25 discount	-\$325
If you/your Congregation is a UU SGM Network member:	\$25 discount per person	-\$325
If registered by July 22 and UU SGM member:	\$50 discount per person	-\$300

Payment Information:

Check - \$ _____ (payable to UU SGMN. Mark Institute under memo _____)

Cancellation Policy :

For cancellation notices **received by e-mail or in writing** prior by August 1, 2011, amount paid less a \$25 per registration administrative fee will be refunded. Cancellations between August 2-23 will receive a refund of fees paid less a \$50 administrative fee per registration. Refund may not be possible after August 23

Housing Considerations: (Room requests will be honored based on availability. Requests for specific cabins or rooms not guaranteed. Housing assigned on a first-come/first-served basis except for mobility needs. If you do not indicate a roommate preference, other registrants will be assigned as roommates.

Roommates (if not registering together): _____

Snores _____ Bothered by snoring _____ Other considerations, Specify _____

Handicapped accessible Room: Yes _____ No _____ Mobility Issues/Needs: _____

NOTE: Bring own linens. Limited number of linens available. Check here only if you are flying and/or cannot bring linens _____

Food Preferences (if applicable): Regular Diet _____ Vegetarian _____ Vegan _____ Allergies _____

Other (Please explain) _____

- Smoking is permitted in designated areas only.
- The site assumes no liability for accidents, illnesses or their treatment while you are a guest.

Administration only : Payment received:

Housing

Data

Confirmation sent: