

Registration Form ~ Yearly Meeting Session 2014
 Canadian Mennonite University, Winnipeg, MB / August 8-16

Registrants:

1) Name: _____
 M F 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: _____ First Time?
 (if under 18)
 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: _____ First Time?
 (if under 18)
 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: _____ First Time?
 (if under 18)
 I will attend the **Pre-YM Retreat**

Worship Choice after Quaker Study
 Worship Fellowship Silent Worship
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Contact Info

Home Address: _____ Telephone: _____
 _____ Email: _____
 Monthly Meeting: _____

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 in Insert material)

	# of Adults	x \$40	TOTAL
Retreat			

Lodging

Indicate how many adults and youth for each night. **Ages 3 and under are free; ages 4-11 are half-price and ages 12 and older are full adult rate.**

	Fri 8	Sat 9	Sun 10	Mon 11	Tue 12	Wed 13	Thu 14	Fri 15	RATE/NIGHT	SUB TOTAL
SINGLE									\$45/person	
SINGLE (With Shared Washroom)									\$55/person	
DOUBLE									\$35/person	
DOUBLE (With Shared Washroom)									\$45/person	
Tenting									\$18/tent	
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

Indicate the number of adults and youth for each meal. There will be a simple meal for Wednesday supper with surplus donated to the North Point Douglas Women's Centre.

DINING ROOM: Ages 3 and under eat free; ages 4-11 are half-price; ages 12+ are adult rate.

	Fri 8	Sat 9	Sun 10	Mon 11	Tue 12	Wed 13	Thu 14	Fri 15	Sat 16	Per Meal	Sub Total
Breakfast										\$ 8	
Lunch										\$ 12	
Supper										\$ 16	
										Total	

FOOD COOP: Ages 4 and under eat free; Ages 5-11 are \$45; Ages 12+ are adult rate.

	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	PER MEAL	WEEKLY RATE	SUB TOTAL
Breakfast									\$7	x \$90	
Lunch									\$7	Per	
Supper									\$7	Adult	
											TOTAL

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 2015.

Yes, I am able to donate \$ _____

Crafts/Displays

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”**

You may charge all or part of your registration fees to your credit card. (While Friends may receive benefits from paying with their credit card, these payments are an extra expense for CYM. Friends are encouraged to pay by cheque if possible.)

Please charge \$ _____ to my credit card for full/partial payment for Yearly Meeting session 2014 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"/> Silent Worship Leader |
| <input type="radio"/> Bell Hop | <input type="radio"/> Family Night Helper | <input type="radio"/> Walking Meditation Leader |
| <input type="radio"/> Clean Up Volunteer (Aug 16) | <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"/> Microphone Walker | <input type="radio"/> Youth Program Helper |
| <input type="radio"/> Doorkeeper | <input type="radio"/> Refreshments | |

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, 2014
Final Deadline: July 31, 2014

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 2014 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.**