

Registration Form – August 1-10, 2019

Young Friend's Gathering/Yearly Meeting Session

Registrants

	Name	Age (if under 18)	First Time at YM?	Worship Choice (see below)
1				
2				
3				
4				
5				

Worship Choices following Bible Study:

- | | | |
|-------------------|-----------------------|--------------------|
| 1) Chant | 3) Walking Meditation | 5) Worship Sampler |
| 2) Silent Worship | 4) Worship Fellowship | 6) Worship Study |

Registrant(s) Contact Info

Home Address: _____ Phone: _____

_____ Email: _____

Monthly Meeting Affiliation: _____

(A) Pre-Gathering Events Select an option if you choose to participate:

___ Young Friend's Gathering, August 1-4 (Your age as of July 31, 2019 _____)

Is a parent, support person or child coming with you? _____

If you are registering for the Young Friend's Gathering; indicate your meal and lodging choices but note your Gathering **costs are covered under Education & Outreach**. Only submit payment for meal and lodging fees if you attend YM Session. YFs Gathering runs Thu Aug 1 noon, to Sun Aug 4 breakfast.

___ Pre-YM Retreat led by John Calder, August 2-3 (Cost \$40/participant) # of Adults Total

(B) Program/Facility Fee Charged to participants 18 years of age and older.

Registration Form Received by:	Weekly Rate	Daily Rate	# of Adults	TOTAL
June 30	\$130/week (or)	\$20/day	x	=
July 15	\$150/week (or)	\$25/day	x	=

** Families with children: please register by July 1 to allow time to organize Youth Program.

(C) Day Visitor Only [if applicable]

Number of days attending _____ x \$10/day/adult = \$ _____

(No overnight stay; meals purchased from cafeteria.)

(D) 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.** Rates are **PER PERSON PER NIGHT** with the exception of tenting which is **PER TENT**.

	Thu 1	Fri 2	Sat 3	Sun 4	Mon 5	Tue 6	Wed 7	Thu 8	Fri 9	RATE	TOTAL
SINGLE (Communal Washroom)										\$50	
SINGLE (Shared Washroom)										\$60	
DOUBLE* (Communal Washroom)										\$37	
DOUBLE (Shared Washroom)										\$44	
Tenting \$19										\$19/tent	
Preferred Roommate: _____										TOTAL	

Preferred Roommate: _____

*Double Rooms in this residence are BUNK BEDS.

Do you require a room on the lowest floor (no stairs)? ☐ Yes ☐ No

If you are staying offsite, please provide a contact number: _____

(E) Meals Indicate the number of adults and youth for each meal. You may mix-and-match your meals between the dining room and Food Coop.

Medically-Necessary Dietary Requirements:

 Vegetarian Only

Allergies: _____

Dietary Condition: (ex. Celiac, Gluten-Free, Diabetic, etc.)

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

[illegible]

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									\$8	x \$110	
Lunch									\$8	Per	
Supper									\$8	Adult	
										TOTAL	

(F) Donation

If you can afford to contribute money beyond your own costs, you will enable a Friend to attend who needs financial assistance. Your donation will be added to the budgeted amount for financial assistance by CYM. All donations are tax deductible and receipts will be issued in early 2020.

___ Yes, I am able to donate \$ _____

Cost Summary

RETREAT (A) (if applicable)	PROG/FAC FEE (B)	DAY VISITOR (C) (if applicable)	LODGING & MEALS (D+E)	DONATION (F) (if applicable)	Total
				Paid in Full/Deposit	
				Balance Owing	

Payment options:

___ Cheque enclosed payable to 'Canadian Yearly Meeting'

___ E-transfer to cym-office@quaker.ca **USE SECURITY ANSWER "Friends"**

___ Credit Card:

Please charge \$_____ to my credit card for full/partial payment for Yearly Meeting Session 2019

Card type: Amex Mastercard Visa

Card Number: _____

Expiry Date: _____

Cardholder's Signature: _____

Submit this form with your payment to:

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

Fax: 613-235-1753 / Email: cym-office@quaker.ca

EARLY DEADLINE: JUNE 30, 2019 - LOWEST COST

FINAL DEADLINE: JULY 15, 2019

**** Cancellations received after July 15 will be refunded for Program/Facility Fee only as CYM is committed to pay for the meals and lodging we reserved based on registrations.**

Child Care / Crafts / Displays / Documents in Advance

___ Yes, I need child care during the **Young Friends Gathering** (Aug 1-4)

Names and ages of children as of July 31, 2019: _____

___ Yes, I need child care during the **Pre-YM Retreat** (Aug 2-3)

Names and ages of children as of July 31, 2019: _____

___ Yes, I need child care during the **SPG Lecture** (Sunday night, Aug 4)

Names and ages of children as of July 31, 2019: _____

___ Yes, I need space in the craft sale. Number of tables: _____

___ Yes, I need space for a display. Number of tables: _____

___ Yes, I would like a printed copy (8.5" x 11") of *Documents in Advance*

Volunteer Ministry and Community Building

1) Do you have a need that you would like assistance with? (ie. mobility, hearing, medical, etc.)

2) Do you need Program Committee to rent a walker or wheelchair? Yes No _____

3) Do you have a gift you're willing to share? (ie. singing, musician, arts/crafts, storytelling, translation?)

4) Will you require a headset during Meeting for Business due to hearing impairment? Yes No

We encourage Friends to volunteer in **1 or 2** of the following ministries: (*Medic volunteers must have minimum of First Aid). Brief descriptions of these tasks are found in the registration material on the website:

<https://quaker.ca/yearlymeetinginsession>

Use the numbers beside the registrant names at the top to show which Friend is in which ministry, e.g. 1,2

- | | | |
|--|---------------------------------|-----------------------------|
| ___ Adult Friend Volunteer Ministry | ___ Bell Hop/Greeter/Guide | ___ Chant Leader |
| ___ Clean Up Crew (Aug 10) | ___ Committee of Care during YM | ___ Correspondence Cttee |
| ___ <i>Daily Quacker</i> Editor | ___ Doorkeeper | ___ Epistle Committee |
| ___ Evening Babysitter | ___ Family Night Helper | ___ Gleanings Committee |
| ___ Medic ** _____ | ___ Meeting Room Set Up | ___ Microphone Walker |
| ___ Minute Review Committee | ___ Silent Worship Leader | ___ Technical Support |
| ___ Translator (French to English) | ___ Walking Meditation Leader | ___ Worship Fellowship Lead |
| ___ www.quaker.ca Blog Reporter | ___ Youth Program Helper* | |
- YP Helper must submit current Police Check.

If you need financial help to attend YM Session – there are funds available.

Go to <https://quaker.ca/yearlymeetinginsession/> to access the Application for Financial Assistance.