

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)

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)

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

Registration Form Received by:	Weekly Rate	Daily Rate	# of Adults	TOTAL
<b>June 30</b>	\$130/week (or)	\$20/day	x	=
<b>July 15</b>	\$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
<b>SINGLE</b> (Communal Washroom)										\$50	
<b>SINGLE</b> (Shared Washroom)										\$60	
<b>DOUBLE</b> (Communal Washroom)										\$37	
<b>DOUBLE</b> (Shared Washroom)										\$44	
<b>Tenting</b>										\$19/tent	
										<b>TOTAL</b>	

Preferred Roommate: \_\_\_\_\_

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.

	Thu 1	Fri 2	Sat 3	Sun 4	Mon 5	Tue 6	Wed 7	Thu 8	Fri 9	Sat 10	Per Meal	Total
<b>BRK</b>											\$ 8	
<b>LUNCH</b>											\$ 13	
<b>SUPPER</b>											\$ 17	
											<b>TOTAL</b>	

**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 Per Adult	
Lunch									\$8		
Supper									\$8		
										<b>TOTAL</b>	

### (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
				<b>Paid in Full/Deposit</b>	
				<b>Balance Owing</b>	

#### Payment options:

Cheque enclosed payable to 'Canadian Yearly Meeting'

E-transfer to [cym-office@quaker.ca](mailto: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](mailto: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, while Youth Program Helpers must submit current Police Check).

\_\_\_ Adult Friend Volunteer Ministry

\_\_\_ Clean Up Crew (Aug 10)

\_\_\_ *Daily Quacker* Editor

\_\_\_ Evening Babysitter

\_\_\_ Medic \*\* \_\_\_\_\_

\_\_\_ Minute Review Committee

\_\_\_ Translator (French to English)

\_\_\_ [www.quaker.ca](http://www.quaker.ca) Blog Reporter

\_\_\_ Bell Hop/Greeter/Guide

\_\_\_ Committee of Care during YM

\_\_\_ Doorkeeper

\_\_\_ Family Night Helper

\_\_\_ Meeting Room Set Up

\_\_\_ Silent Worship Leader

\_\_\_ Walking Meditation Leader

\_\_\_ Youth Program Helper

(must submit current Police Check)

\_\_\_ Chant Leader

\_\_\_ Correspondence Ctte

\_\_\_ Epistle Committee

\_\_\_ Gleanings Committee

\_\_\_ Microphone Walker

\_\_\_ Technical Support

\_\_\_ Worship Fellowship Lead

If you need financial help to attend YM Session – there are funds available.  
You can fill out the Application for Financial Support on the next page.

**For more information and details on CYM 2019 visit:**

**[quaker.ca/yearlymeetinginsession](http://quaker.ca/yearlymeetinginsession)**

## APPLICATION FOR FINANCIAL SUPPORT FOR PARTICIPATION IN YM SESSION 2019

Total Cost of Registration Fees \$ \_\_\_\_\_

Total Cost of Travel \$ \_\_\_\_\_

Less MM support\* - \$ \_\_\_\_\_

Less personal contribution - \$ \_\_\_\_\_  
(if able)

Amount requested from CYM \$ \_\_\_\_\_

(see maximum allowances below)

Check if one or more applies:

- Monthly Meeting Delegate
- Member of YM Committee (that meets at YM)
- First time attending CYM Session
- Young Friend (13-35)
- Child (ages 0-12)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\* Attach a copy of the Monthly Meeting minute of support.**

1. It is essential that you approach your Monthly Meeting with your request as soon as possible. If more than one person in a family is applying, you should discuss your needs with your Monthly Meeting, remembering that funding comes from the donations of other Friends.
2. If your Meeting does not meet in time for their minute of support to be sent with your application before the deadline, apply anyway. This will help the office know what demands are being made on the available funds. Your application will be held until the minute is received.
3. It is essential that this application be submitted as soon as possible. The CYM Office Staff will work collaboratively to determine eligibility and disburse financial support as applications are received.
4. It is suggested that Friends pay for half their travel costs, if possible.
5. Friends can apply up to a **maximum of \$480 per person** in financial assistance. Friends who were **born in 1984 or later** can apply for a **maximum of \$750 per person**, which they may use for costs associated with attending CYM Session and/or the Young Friend's Gathering. Friends are asked to submit all travel receipts to the office as soon as available.  
Applications must be received in the Yearly Meeting office **no later than June 30, 2019.**
6. Late applications will be considered if funds are still available.
7. If you receive funds and cannot attend the sessions, please return the funds and let the Yearly Meeting office know as soon as possible so that the money can be released for another Friend.

\*Funds are provided through the CYM Travel Support Fund and through Education and Outreach Committee.

**Friends applying after the June 30<sup>th</sup> deadline should anticipate a delay in processing and receiving funds.**