

SCYMF Yearly Meeting Registration

Canby Grove Christian Center, May 18-20, 2018

For detailed brochure, visit www.scymfriends.org/annual-sessions

Please fill out name for each person. For more than 3 people use a second form. Please indicate age for each person under 18 – this will help us with children/youth program planning.

See page 3 for special requests. We will assume your party wants lodging together unless otherwise indicated. If two adults request a room with no additional roommates, an effort will be made to assign them to their own room. If you would like to room with someone not on this form, please give their name on page 3. If you would like to be in a young adult cottage, please note that page 3.

Volunteer job opportunities include helping with childcare (must pass background check), assisting with first aid, helping with silent auction, writing the epistle and helping with the registration table.

1. **Name** _____

Dietary: Vegetarian _____ Vegan _____ Gluten Free _____ No Meals _____

Other dietary (such as allergies) _____

Comfortable sleeping on top bunk? _____ Yes _____ No

Volunteer Jobs _____

Preferred Pronouns: _____ She/Her _____ He/Him _____ They/Them _____ Other

2. **Name** _____ Age (if minor) _____

Dietary: Vegetarian _____ Vegan _____ Gluten Free _____ No Meals _____

Other dietary (such as allergies) _____

Comfortable sleeping on top bunk? _____ Yes _____ No

Volunteer Jobs _____

Preferred Pronouns: _____ She/Her _____ He/Him _____ They/Them _____ Other

3. **Name** _____ Age (if minor) _____

Dietary: Vegetarian _____ Vegan _____ Gluten Free _____ No Meals _____

Other dietary (such as allergies) _____

Comfortable sleeping on top bunk? _____ Yes _____ No

Volunteer Jobs _____

Preferred Pronouns: _____ She/Her _____ He/Him _____ They/Them _____ Other

Address _____ City _____ State _____ Zip _____

Phone(s) _____

Email _____

If you **don't** want your phone number or email listed on the conference roster, please mark an X on the appropriate line. _____ No Telephone Number _____ No Email Address

If different members of your party have different contact info, please provide info on page 3.

HOUSING CHOICE

Cost includes 6 meals and 2 nights lodging. Lodging requests will be filled on a first-come first-served basis. The lodge and the cottages come equipped with bed linens and towels. The cabins do not, and guests must bring their own bed linens and towels. There are a limited number of private rooms. The lodge rooms have a private bath. The cottages have one bath for the cottage. The cabins use a bath house that is near-by. Please remember to bring your own toiletries.

Fill in the number of people attending in each age group and room type selected.

Age Groups	Age 18+		Age 8-17		Age 3-7		Age 0-2		Total Cost
	Price	# of People	Price	# of People	Price	# of People	Price	# of People	
Single room (lodge)	\$229								
Standard shared room (lodge) (4 ppl max)	\$220		\$220		\$140		Free		
Large shared room (lodge) (6 ppl max)	\$220		\$220		\$140		Free		
Cottage shared room (4 ppl max)	\$220		\$220		\$140		Free		
Woodland Cabins (4 ppl max)	\$161		\$161		\$101		Free		
Day Use Only									
Day Use (Age 18+), Includes Friday-Sunday, No Meals	\$19		Free		Free		Free		
Add Day Use Meals									
Breakfast	\$11		\$11		\$7		Free		
Lunch	\$12.50		\$12.50		\$8		Free		
Dinner	\$15		\$15		\$10		Free		
Donation to Scholarship Fund									
							Grand Total		\$

Please mark which meals you will be attending with the number of people for each meal.

	Friday	Saturday	Sunday
Breakfast			
Lunch			
Dinner			

Please return this form, with payment, by **May 1st** to Registrar, Terri Beardsley
 registrar@scymf.org or 7617 SW 74th Ave Portland OR 97223

After May 1, leave a voice message at 503-970-0080 or email to inquire about space.

Please help us plan by returning the registration form as soon as possible!

Make checks payable to NWYM with "SCYMF Annual Sessions" on memo line.

****NEW****You can also pay with a credit card online at nwfriends.org by clicking the Donation Button and choosing Other: Write in SCYMF Annual Sessions.

If paying online, please email your form to the registrar to verify the amount.

We want to make sure everyone is able to come, so please consider donating money for scholarships for low income individuals and families. Donations of any size are welcome!

Housing Requests

I would like to share a room with _____,
who is/are registering separately.

- I would like to be assigned to one of the young adult cabins.
- We would like our own room with no additional roommates.
- Gender preference if I am being assigned a roommate: _____
- I/we need a handicap-accessible room.
- I/we need a ground-floor room.
- I need an electrical outlet near the bed for a CPAP or other medical device.
- I snore. Put me in a room with other snorers.

Ride-Sharing

I/We have space for riders # _____ I/We need a ride # _____

Scholarship Requests

- I/we need help with costs in order to attend. Please let me know if scholarships are available.
I/we can afford to pay _____.

**Other Requests, Additional Contact Info, etc.
Please let us know if there is anything else you need in order
to be able to participate fully in the conference.**