

Registration Form

Please read registration instructions before completing this form.

Attendees - age 8 & up		Age	Adult Young Friend? (chk)	Lodging				Commuter				Meals										Total Meal and Lodging costs	Adult Registration	Scholarship	Total Subtotal									
				Fill in below if sleeping on campus				Fill in below if not sleeping on campus				B=\$6.40; L=\$8.95; S=\$10.20																						
				Nights (check)	Where? Specify R, B-D, or C	Linens? \$10.00/stay (check)	Lodging Subtotal (enter amount)	Days - \$5.00/d (check)	Commuter Subtotal (enter amount)	Thurs \$19.15/day	Fri \$25.55/day	Sat \$25.55/day	Sun \$15.15/day	Meals Subtotal (enter amount)	Add the lodging subtotal to the meals subtotal																			
Last Name, First Name	Th	Fr	Sa	Th	Fr	Sa	Su	L	S	B	L	S	B	L	S	B	L	S	B	L	Meals	Add the lodging subtotal to the meals subtotal										Early Bird (Post-marked by 7/09/2018, \$55) Regular (\$65) (enter amount)	Youth and Children Scholarships ages 3-18 are 2/3 of the total for meals and 100% of lodging costs	(Lodging or Commuter) + Meals + Registration
Children - age 3-7		Age		Ramseyer \$15.00, Bren-Dell \$10.00, Camp \$5.00								Meals B=\$5.00; L=\$6.75; S=\$7.75										Total Meal and Lodging costs												
Last Name, First Name		Age	Th	Fr	Sa	Specify R, B-D, or C	Linens? \$10.00/stay (check)	Lodging	Th	Fr	Sa	Su	Commuter	L	S	B	L	S	B	L	S	B	L	S	B	L	Meals	Add the lodging subtotal to the meals subtotal		Scholarship See above				

Address _____

 Monthly Meeting _____
 Phone (H) _____
 E-mail _____
 First-Time Attender? _____

Concerns:
 How many for vegetarian diet? _____
 Trouble w/stairs? _____
 Trouble w/walking? _____
 Use wheelchair? _____
 Other? _____

Roommates:
 I prefer to be alone _____
 Prefer roommate _____
 Teen(s) want to be with family or other teens? _____
 Will room as family- # of rooms: _____

Total Scholarships \$ _____

 Total Subtotal \$ _____
 Less Scholarship \$ _____
 Less Discount \$ _____
 Donation to help cover costs of youth/children's attendance \$ _____
 Grand Total \$ _____
 Paid in Advance \$ _____
 Due at check in \$ _____

Mail completed Registration Form, Parent or Guardian Consent & Permission Form, and check to:
 Sally Weaver Sommr
 118 S. Spring St., Bluffton, OH 45817

Please make checks payable to LEYM