

## SAYMA Yearly Meeting Thursday June 14 - Sunday June 17 Warren Wilson College, Swannanoa, NC

Register before May 15. One family & address per form. Please print legibly. Payment in full is encouraged; 25% is required.

| A. CONTACT INFORMATION            |  |        |  | E. SUMMARY OF FEES   |                             |  |             |
|-----------------------------------|--|--------|--|--|-----------------------------|--|-------------|
| Name                              |  |        |  | <b>Regular, postmarked by May 14. Late fee of \$30 after that.</b> |                             |  | <b>Date</b> |
| Street Address                    |  |        |  | OWED   | Total Registration (from B) |  |             |
| City, State Zip                   |  |        |  | Total Housing/Campus Use (from C)                                  |                             |  |             |
| Phone                             |  | e-mail |  | Total Meals (from D)   |                             |  |             |
| Monthly Meeting                   |  |        |  | My contribution to Scholarship Fund                                |                             |  |             |
| Off-campus Emergency Contact Name |  | Phone  |  | Late Fee   |                             |  |             |
|                                   |  |        |  | <b>TOTAL CHARGES</b>   |                             |  |             |
|                                   |  |        |  | PAID   | Form of payment             |  |             |
|                                   |  |        |  | Scholarship from Monthly Meeting                                   |                             |  |             |
|                                   |  |        |  | Reduced fee registration   |                             |  |             |
|                                   |  |        |  | <b>BALANCE DUE AT CHECK-IN</b>                                     |                             |  |             |

**B. INFO ABOUT ATTENDERS:** Registration fee is \$55 for everyone 12 and up. There is a maximum of 3 registration fees per family (parents + children they support).

|                                   | First Name | Last Name | Gen-der | Age | Grade Fall 2018 | First Timer Y or N | Wor-ship Shrg | Workshop choices |     | If Adult, Cell Phone Number for Emergencies | Special registration ? | Reg elig | Regis-tration |
|-----------------------------------|------------|-----------|---------|-----|-----------------|--------------------|---------------|------------------|-----|---|------------------------|----------|---------------|
|                                   |            |           |         |     |                 |                    |               | Fri              | Sat |   |                        |          |               |
| 1                                 |            |           |         |     |                 |                    |               |                  |     |   |                        |          |               |
| 2                                 |            |           |         |     |                 |                    |               |                  |     |   |                        |          |               |
| 3                                 |            |           |         |     |                 |                    |               |                  |     |   |                        |          |               |
| 4                                 |            |           |         |     |                 |                    |               |                  |     |   |                        |          |               |
| 5                                 |            |           |         |     |                 |                    |               |                  |     |   |                        |          |               |
| 6                                 |            |           |         |     |                 |                    |               |                  |     |   |                        |          |               |
| <b>C: TOTAL REGISTRATION FEES</b> |            |           |         |     |                 |                    |               |                  |     |   |                        |          |               |

**C. Dorm Choices:** GEN - general dorm, SSO - simple supper option, YAF - Young Adult Friends dorm, SAYF - teen program, DAY - not staying overnight  
 Sleep Space: ROOM (single occupancy)\$65/person/night, BED (shared room) \$34/person/night, FLOOR (only for child sleeping on parents' floor) \$0, DAY \$8/person/day

|   | D-1: If staying overnight on campus, list each person's name on a separate line (campus use fee included in room/bed fee) | Dorm Choice<br><i>(see above)</i> | Sleep Space<br><i>(see above)</i> | If Sleep = BED list roommate's name or let SAYMA assign one | Days on Campus |      |      |      | To rent linens enter \$20 | Cost for each person |
|---|---|-----------------------------------|-----------------------------------|---|----------------|------|------|------|---------------------------|----------------------|
|   |   |                                   |                                   |   | From           | Thru | Days | Rate |                           |                      |
| 1                                       |   |                                   |                                   |   |                |      |      |      |                           |                      |
| 2                                       |   |                                   |                                   |   |                |      |      |      |                           |                      |
| 3                                       |   |                                   |                                   |   |                |      |      |      |                           |                      |
| 4                                       |   |                                   |                                   |   |                |      |      |      |                           |                      |
| 5                                       |   |                                   |                                   |   |                |      |      |      |                           |                      |
| 6                                       |   |                                   |                                   |   |                |      |      |      |                           |                      |
| <b>D: TOTAL HOUSING/CAMPUS USE FEES</b> |   |                                   |                                   |   |                |      |      |      |                           |                      |

**D. MEALS: breakfast \$6.50; lunch \$8.50 ; dinner \$10 (Adults and SAYF). Please indicate meals desired in grid below.**  
**JYM Children--no charge but please indicate which meals they will eat.**

|                            | Name<br><i>(match row #s for everyone listed in Section C)</i> | Leave<br>blank | Thu |       | Fri    |        |       | Sat    |        |       | Sun    |        | Meals Cost |       |
|----------------------------|--|----------------|-----|-------|--------|--------|-------|--------|--------|-------|--------|--------|------------|-------|
|                            |  |                |     | Lunch | Dinner | Brkfst | Lunch | Dinner | Brkfst | Lunch | Dinner | Brkfst |            | Lunch |
| 1                          |  |                |     |       |        |        |       |        |        |       |        |        |            |       |
| 2                          |  |                |     |       |        |        |       |        |        |       |        |        |            |       |
| 3                          |  |                |     |       |        |        |       |        |        |       |        |        |            |       |
| 4                          |  |                |     |       |        |        |       |        |        |       |        |        |            |       |
| 5                          |  |                |     |       |        |        |       |        |        |       |        |        |            |       |
| 6                          |  |                |     |       |        |        |       |        |        |       |        |        |            |       |
| <b>E: TOTAL MEALS COST</b> |  |                |     |       |        |        |       |        |        |       |        |        |            |       |

**F. ADDITIONAL INFORMATION**

*Please use this area to describe special needs, medical info, detailed availability for volunteer activities, or for other information you think we should know.  
 Use the notes area to tell us which person in your party needs the assistance or wants to volunteer (and when they are available).*

**Special needs/requests:**

- Vegetarian meals
- Gluten free options
- Other dietary needs
- Accessible toilet/shower
- Air-conditioned room
- Golf cart transportation
- Handicapped parking
- Ride from airport
- Ride from bus station
- Elevator in dorm
- Printed copies of business meeting materials
- Large print materials

**I/we will volunteer to:**

- Perform in the talent show
- Lead play and sing after supper
- Help with SAYF (teens)
- Be a night shepherd for SAYF
- Help with JYM/playcare, especially babies
- Facilitate worship sharing
- Facilitate late night worship
- Set up WQO display
- Help with registration
- Bring books to exchange
- Drive the golf cart
- Pickup from bus/plane
- Help with cafeteria line

Your notes to us:

**Please mail completed form to:**

**SAYMA**  
**P O Box 76**  
**Pooler, GA 31322**

**Or email: [SAYMAOffice@gmail.com](mailto:SAYMAOffice@gmail.com)**

**Consent to photograph:**

- I am willing to have images of our party appear on SAYMA's website