

2011 Annual Sessions Registration & Housing Form

Saturday, August 6 – Thursday, August 11, 2011, Bryant University, Smithfield, RI, **plus** Friday afternoon, August 5, at the Newport Great Meetinghouse

Household Information										Housing & Meals					Fees	
(Use codes on reverse side of this form & below)																
<p>Please complete both sides of this form. Please indicate by 1 next to the names below, choice of roommates for a double room. For roommates not listed below, indicate under "Special Housing Needs" choice code "g" on the backside of form.</p>																
First/Preferred Name	Last Name	Date of Birth	Gender (M or F)	Child's grade, Fall 2011	Young Adult Friend (18-35)?	1 st time at NEYM?	Attend Friday Newport Event?	Accessibility Needs Code(s)	Volunteer Choice Code(s)	Day of Arrival (e.g., Fri, Sun)	Day of Departure (Wed, Thu)	Rm./Brd./Fees Choice Code	Camper (Limited # of sites)	Commuter	Special Housing Needs Code	Enter the total dollar figure for your Rm./Brd./Fees Choice
																\$ A
																+\$ B
Health Form required for child, age 0-18 DOWNLOAD at sessions.neym.org															+\$ C	
Health Form required for child, age 0-18 DOWNLOAD at sessions.neym.org															+\$ D	
Health Form required for child, age 0-18 DOWNLOAD at sessions.neym.org															+\$ E	
Health Form required for child, age 0-18 DOWNLOAD at sessions.neym.org															+\$ F	
															Subtotal (add lines A – F) \$ G	
Fri. night & break./lunch: \$60/adult – \$40/child															+\$ H	
Name(s):																
Add \$50/full-time or \$10/day part-time for each single room requested above															+\$ I	
															Subtotal (add lines G – I) \$ J	
Equalization Fund Contribution (help others attend NEYM Sessions)															+\$ K	
Less Sessions Staff/Speakers Credit(s)															-\$ L	
Position(s):																
Grand Total (after 6/30 add \$10/pers. \$20 max.) (add and/or subtract lines J – L)															+\$ M	
Amount check enclosed or by credit card (minimum \$100, or, if less, total fees)															-\$ N	
Balance Due Upon Arrival check payable to NEYM															\$	

Registrant's Household Information (one form per group)

Family Last Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Local Meeting(s): _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

indicate family member

I will download advance documents (posted 8/1/2011) from sessions.neym.org

Payment by Credit Card: MasterCard Visa (circle one)

CC#: _____ / _____ / _____ Exp: _____

Name as it appears on card _____ Amount: \$ _____

Room, Board, & Program Fees (enter on lines A – F above) **Bring ALL bedding** — pillow, blanket, sheets, towels. Also fan, lamp, mug, cloth napkin.

Residents in Dormitories

Choice code	Dollar Amount
1 Adult full-time	\$450
2 Adult part-time (dinner, overnight, breakfast, lunch) per night	\$110
3 Young Adult Friend Dorm full-time	\$450
4 Young Adult Friend Dorm part-time (dinner, overnight, breakfast, lunch)	\$110
5 Young Friend (entering grade 10 – graduating seniors) full-time	\$450
6 Young Friend part-time (dinner, overnight, breakfast, lunch)	\$110
7 Child with bed (age 3 – entering grade 9) full-time	\$240
8 Child on floor (age 3 – entering grade 9) full-time	\$140
9 Child part-time (dinner, overnight, breakfast, lunch—no on floor option)	\$60

Commuters & Campers

(Limited # of campsites. Part-time commuters purchase meals at dining hall)

Choice code	Dollar Amount
10 Adult (Young Friend & older) camper/commuter full-time all meals	\$355
11 Adult commuter full-time (no meals)	\$120
12 Adult, camper part-time (dinner, overnight, breakfast, lunch)	\$90
13 Adult commuter part-time per day (no meals)	\$20
14 Child (age 3 – entering grade 9) camper/commuter full-time (all meals)	\$225
15 Child commuter full-time (no meals)	\$60
16 Child, camper part-time (dinner, overnight, breakfast, lunch)	\$50
17 Child commuter part-time per day (no meals)	\$10
18 Toddler (birth through age 2)	no charge

A late fee of \$10 per individual up to a maximum of \$20 per form will be charged for registrations postmarked after June 30th (does not apply to commuters)

Accessibility Needs

On reverse side note all that apply

Code

- a I need a campus handicapped parking permit
- b I have trouble with stairs
- c I have trouble walking distances
- d I use a wheelchair
- e I am hearing impaired
- f Child/teen/adult in family with disability (please specify). A committee member will call to discuss ways to make Sessions work well for you.

- g I have chemical sensitivity (please specify)

- h I have dietary restrictions (e.g., vegetarian, please specify)

- i Other needs (please specify)

Volunteer Choices at NEYM

Please choose one or more as you are able.

Sessions staff will contact you for specific assignments.

Choice code

- a Registration check-in on Fri. night, Sat., or Sun. afternoon
- b Junior Yearly Meeting (K-6th grade) Afternoon Program
- c Childcare infants & toddlers (morning & afternoon)
- d Bookstore
- e Office help
- f Information desk
- g Shuttle driver for Friends with ambulatory problems
- h Carry trays in the dining hall

Special Housing Needs

Code

- a I need housing near a bathroom
- b I need a ground floor room
- c I want to be near other families in the "family neighborhood"
- d I would like a single room (\$50/full-time or \$10/day part-time)
- e I would like a non air-conditioned room
- f I would like to live in the fragrance/chemical-free townhouse
- g Roommate or 'housed near' preference(s)

Name _____

With name _____

Register online or mail this form with check or credit card information

—\$100 (or if less, your total fees) is the **minimum**, non-refundable deposit—payable to "New England Yearly Meeting" to:

Laurel Swan, NEYM Registrar, 29 Woods Road,
Bloomfield, CT 06002 • registrar@neym.org

Do not mail after July 31st go to neym.org or contact the Registrar

Online registration and copies of all forms at neym.org

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2011 NEYM Annual Sessions Equalization Fund Request Form for Financial Aid

	A	=	B	+	C	+	D
	List total costs for each individual to attend Yearly Meeting (from reverse side of form)		I can afford to pay this amount to attend NEYM (please send with registration form)		Amount your Meeting/Quarter will contribute towards your costs (please ask)		Equalization Fund request—to a maximum 75% of your total costs. (50% maximum after June 30 th)
_____ Monthly Meeting [Fill this form out COMPLETELY] Full Name(s)							
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$
	\$		\$		\$		\$

Clerk's phone: _____ e-mail: _____

Monthly Meeting Clerk's signature (optional)

The **Equalization Fund** provides scholarship assistance for members and attenders of NEYM local meetings up to 75% of all costs of attending NEYM Sessions. The Fund's goal is for no one to miss Sessions due to finances.

Please request the financial assistance necessary for you to attend Sessions. Funds are limited, however, so request the minimum amount you need. Every additional dollar that you contribute toward your own costs helps the Equalization Fund support other Friends.

1. If your Meeting or Quarterly Meeting has funds for scholarship assistance, please ask. Write that amount in column C (at right).

2. Fill in and **complete all calculations** on the Equalization request form (at right).

3. For applications postmarked after June 30th, support from the Equalization Fund may be limited to 50% of your costs, if funds are still available. **Final deadline is July 31st.** After that, contact the Registrar.

Questions? Contact James Varner, Equalization Fund Representative, 207/827-4493, or the NEYM Office.