

Registration Form ~ Yearly Meeting Session 2010

Canadian Mennonite University, Winnipeg, MB / August 13-21

Name: _____

M F First Time?

I will attend the **Pre-YM Fruits of Silence Retreat**

Worship Choice after Bible Study (choose one)

Worship Fellowship Silent Worship
 Worship Study Walking Meditation
 Sacred Chant

Name: _____

M F First Time? Age (child): _____

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Home Address: _____

Telephone: _____

Email: _____

Monthly Meeting: _____

Please send me a Winnipeg city map.

Programme and Facility Fees

Add the programme and facility fee and multiply by the number of adults **18 years of age and older**.

| | PROGRAMME FEE | | | FACILITY FEE | | No. of Adults | TOTAL |
|-------------------------|---------------|------------|---|--------------|------------|---------------|-------|
| | Weekly Rate | Daily Rate | | Weekly Rate | Daily Rate | | |
| Before June 30 | \$55 | \$10 | + | \$45 | \$8 | | |
| July 1 – July 30 | \$70 | \$13 | + | \$60 | \$11 | | |

Pre-YM Fruits of Silence Retreat (Description in registration insert)

| | # of Adults | x \$40 | TOTAL |
|-----------------------|-------------|--------|-------|
| Silent Retreat | | | |

____ Yes, I need child care during the Retreat
 Age(s) of child(ren) _____

Lodging

Indicate how many adults and youth for each night. Ages 0-3 are free; ages 4-11 are half-price and ages 12 and older are full adult rate.

| | Fri 13 | Sat 14 | Sun 15 | Mon 16 | Tue 17 | Wed 18 | Thu 19 | Fri 20 | RATE | Sub Total |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|-----------|
| Dormitory / Single | | | | | | | | | \$38/person | |
| Dormitory / Double | | | | | | | | | \$30/person | |
| Tenting | | | | | | | | | \$14/tent | |
| | | | | | | | | | TOTAL | |

- If you are staying off-site, please provide an emergency contact number: _____
 → Check here if you must be close to a washroom: ___ Male or ___ Female
 → Check here if you would prefer a room on the lowest floor possible (minimal stairs).

Meals

Indicate the number of adults and youth for each meal. Ages 0-3 eat free; ages 4-11 are half-price and ages 12 and older are adult rate. You may alternate your meals between the Dining Room and Food Coop if you wish.

DINING ROOM:

| | Fri 13 | Sat 14 | Sun 15 | Mon 16 | Tue 17 | Wed 18 | Thu 19 | Fri 20 | Sat 21 | Per Meal | Sub Total |
|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|-----------|
| Breakfast | | | | | | | | | | \$ 7 | |
| Lunch | | | | | | | | | | \$ 10 | |
| Supper | | | | | | | | | | \$ 13 | |
| | | | | | | | | | | Total | |

FOOD COOP:

| | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Per Meal | Weekly Rate | Sub Total |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|----------|--------------|-----------|
| Breakfast | | | | | | | | | \$ 6 | x \$65 | |
| Lunch | | | | | | | | | \$ 6 | Per | |
| Supper | | | | | | | | | \$ 6 | Adult | |
| | | | | | | | | | | TOTAL | |

Ages 5 and under are free; **Ages 6-11 are \$30**; Ages 12 and over are adult rate

Dietary Requirements (for both Dining Room & Food Coop):

- Vegetarian Meals Only Allergies: _____
 Special Dietary Requirements (low cholesterol, high fibre, diabetic, gluten-free, etc.): _____

Donation

If you can afford to contribute money beyond your own costs, you will enable a Friend to attend Yearly Meeting session who needs financial assistance. This money will be added to the budgeted amount for assistance by CYM. All donations to the YM Travel Fund are tax deductible. Tax receipts will be issued in early 2011.

Yes, I am able to donate \$_____ to the Yearly Meeting Travel Fund

Cost Summary

| Pre-YM Retreat | Programme & Facility Fees | Lodging | Meals (Cafeteria + Food Coop) | Donation (If Able) | TOTAL |
|--|---------------------------|---------|-------------------------------|--------------------|-------|
| | | | | | |
| Prepaid (Minimum Programme and Facility Fee) | | | | | |
| Balance Owng | | | | | |

Please make cheques **payable to "Canadian Yearly Meeting"**

For your convenience you may charge all or part of your registration fees to your credit card.

Please charge \$_____ to my credit card for full/partial payment for Yearly Meeting session 2010 registration.

Card Number: _____ Expiry Date: _____

Cardholder's Signature: _____

Volunteer Ministry and Community Building

Do you have any special needs that you may need help with? How may we help? (i.e. note-taking, mobility issues, hearing difficulty, etc.) _____

Yearly Meeting participants are encouraged to volunteer in **1 or 2** of the following ministries. Please tell us where you feel led to serve (*indicate qualifications: First Aid is a requirement for Medic). Brief descriptions of these tasks are found in this registration Insert.

- | | | |
|---|---|--|
| <input type="radio"/> Adult Friend Volunteer Ministry | <input type="radio"/> Epistle Committee | <input type="radio"/> Worship Fellowship Leader |
| <input type="radio"/> Bell Hop | <input type="radio"/> Evening Babysitter | <input type="radio"/> Worship Study Leader |
| <input type="radio"/> Committee of Care during YM | <input type="radio"/> Family Night Helper | <input type="radio"/> Youth Program Helper |
| <input type="radio"/> Computer Support | <input type="radio"/> Medic* _____ | <input type="radio"/> Youth Worship Sharing Leader |
| <input type="radio"/> Correspondence Committee | <input type="radio"/> Meetingroom Set Up | <input type="radio"/> Young Friends Volunteer Ministry |
| <input type="radio"/> Doorkeeper | <input type="radio"/> Refreshments | |

Please mail this form with your payment to:

Canadian Yearly Meeting
91A Fourth Avenue
Ottawa, ON K1S 2L1

Phone: 613.235.8553
Fax: 613.235.1753
Email: cym-office@quaker.ca

Early Deadline: June 30, 2010
Final Deadline: July 30, 2010

Please be mindful of the July 30th deadline. Limited on-site registrations **may be accepted** after that date. If we cannot accommodate you on-site, you must make your own plans for meals and lodging off-site. If you must register after July 30th – you may do so as a day registrant where daily programme and facility fees will still apply. Questions? Please contact the CYM office at the number above. Please see the Insert for our cancellation policy.

Parental Release Form for all participants in Canadian Yearly Meeting under the age of 18

Canadian Yearly Meeting must seek parental release for all young people ages 0-17 who participate in Canadian Yearly Meeting sessions. We assume that all young people will be registered for the entire time they are on campus. Please complete return the form(s) with your registration materials. Thank you.

1) Child's name: _____ Date of birth: _____

Health coverage details (name of plan and registration number):

Conditions or special needs that group leaders/health care providers should know:

2) Child's name: _____ Date of birth: _____

Health coverage details (name of plan and registration number):

Conditions or special needs that group leaders/health care providers should know:

I give permission for my child(ren) to participate in the 2010 sessions of Canadian Yearly Meeting and to participate in all planned program activities, both on and off campus. I hereby release Canadian Yearly Meeting, its officers, staff, volunteers and the host facility from all liability for any injury or illness that my child may experience during Yearly Meeting sessions.

In the event of an emergency, I hereby authorize Yearly Meeting organizers, or the below-named Guardian to consent to any medical or surgical care advised by licensed health care providers. I hereby release Canadian Yearly Meeting and the host facility from any liability, legal or financial, for emergency care provided for my child. I expect to be informed as soon as possible.

Parent's/Legal Guardian's signature: _____

Name of Guardian **present and on-site** during Yearly Meeting session: _____
(If Parent/Legal Guardian is not in attendance.)

Emergency contact person **not** in attendance at Yearly Meeting session: _____
Tel: _____

Signature of Parent/Legal Guardian: _____

Signature of **on-site** Guardian: _____
(If Parent/Legal Guardian is not accompanying child(ren) to Yearly Meeting.)

**** PLEASE PHOTOCOPY THIS FORM IF REQUIRED, FOR ADDITIONAL CHILDREN.**