

Iowa Yearly Meeting (Conservative) 2016 Sessions registration form - 2 pages

Please email or mail this form by July 20. Early registration helps us with housing and planning for meals. Minors (under 18 years old) attending without a parent, grandparent, or guardian must have a sponsor and must fill out a sponsorship form. This registration form can be filled out online at <http://iymc.org>

Please note the question at the very bottom: put anything there we should know that there isn't otherwise a logical space for on this form, or that you don't know where to put.

Name(s) of primary contacts for your party _____

Email address(es) _____

The Evaluation subcommittee will be sending a survey to participants in the sessions after they are over. We will send one to this address unless you tell us not to. OK to send survey to above email address? Yes ___ No ___

For main contact for your party:

Home phone: _____ Mobile phone: _____

Names and emails* of other adults in your party:

*The Evaluation subcommittee will be sending a survey to participants in the sessions after they are over. Please list one email address each. Emails will not be added to any other lists or used for any other purpose.

Your answer

Names and ages of High School Young Friends in your party (and emails for each Young Friend you are willing to let participate in the survey)

Names and ages of Junior Yearly Meeting (school-age) children in your party (and emails for each Young Friend you are willing to let participate in the survey)

Number of Preschool children in your party, and when you will need childcare for them

Date of arrival _____ Date of departure _____ (Sessions run July 26 - July 31)

Where do you plan to stay? If we do not receive this registration by July 20, we cannot guarantee you housing under a roof on campus.

___ Camping on campus ___ Dorm rooms (3 beds per room) ___ Motel ___ With friend in the area
Other: _____

If you need more than one dorm room for your party, indicate here. If you wish to room with a roommate registering separately, indicate preference here. If you know what motel or what friend you are staying with, or have other details or special needs, let us know here.

What meals do you plan on eating at Scattergood?

Tuesday dinner

Wednesday breakfast Wednesday lunch Wednesday dinner

Thursday breakfast Thursday lunch Thursday dinner

Friday breakfast Friday lunch Friday dinner

Saturday breakfast Saturday lunch Saturday dinner

Sunday breakfast Sunday lunch

Do you need a high chair? yes no

Number of vegetarians in your party: _____ Number of vegans in your party: _____

Other dietary situations you are facing?

We cannot guarantee that we can accommodate special diets, but we'd like to know, and will label dishes.

Please let us know how medically acute your food-related issue is (e.g. is it an exposure or an ingestion issue, and is the intolerance life-threatening).

Are there any questions you need to give more complicated answers to than are allowed on this form?

Mail to:

Sonja Sponheim

2354 Hillside Avenue

St. Paul, MN 55108

An online version of this form is available to fill out and submit without printing, at iymc.org