

FUSF FERRY BEACH RETREAT - MAY 15 TO MAY 17, 2009

Registration held in the FUSF Foyer, following services: April 12th and April 26th

Note: You will also be registering for housing and chores

NAME

_____ (Last) _____ (First)

ADDRESS

PHONE (508) _____

IS THIS YOUR FIRST TIME AT FERRY BEACH? _____

WHO WILL BE ATTENDING THE WEEKEND?

Name	Adult	Child- Age:	
	18+	5-17	Under 5
1.			
2.			
3.			
4.			
5.			
6.			

More than 6 attending? Please feel free to use another form!

Totals:

_____	Adults 18+ at \$100 each =	\$ _____
_____	Children (5-17) at \$50 =	\$ _____
	Children (Under 5) FREE	---
	Total Payment =	\$ _____

Checks payable to FERRY BEACH RETREAT FUND

Scholarships are available to assist with costs: We do not want the cost of the retreat to deter you from joining us. Please check here if you would like more information on financial assistance _____

Arriving at Ferry Beach: ___ Friday (after 5pm) or ___ Saturday morning (please check one)

of Vegetarians in party _____

of Vegans in Party _____

Other dietary restrictions, allergies or other food considerations:

Registration Use Only:

Lodging (circle one) - Q U R C - Room # _____