

Adult Registration

Name _____ Gender (M/F) _____

Name _____ Gender (M/F) _____

Address _____

City _____ State _____ Zip _____

Phone: work () _____ home () _____

E-mail/Internet Address _____

Yearly Meeting _____

Children sharing room (ages 3–12): Check here if participating in children's program.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Will be sharing a room (up to 4 persons in one room) with following person(s) who will be sending in separate registration form(s):

I am interested in sharing a room, please assign a roommate for me.

Special dietary or mobility concerns: _____

TRAVEL INFORMATION

Arrival date: _____ Arrival time: _____

Airline: _____ Flight#: _____

Departure date: _____ Departure time: _____

Airline: _____ Flight#: _____

Pick-up information by other means of transportation (bus, train, etc.):

WORKSHOP CHOICES

(See page 2 for listings; choose one for Thursday, two for Saturday)

| Name of person attending workshop | Thursday July 10 | Saturday July 12 | Saturday July 12 |
|-----------------------------------|---------------------|---------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CONFERENCE COST CALCULATIONS

Tours

| | |
|--|------------------------------|
| North Carolina Zoo | \$15 x _____ persons = _____ |
| Museums/Cemeteries | \$5 x _____ persons = _____ |
| Mendenhall Plantation/Guilford College | \$7 x _____ persons = _____ |
| Quaker Lake Camp | \$5 x _____ persons = _____ |

Full Conference Attenders

Commuter Adults
(Meals and Registration Only) \$245 x _____ persons = _____

Child (ages 3–12)
(Meals, Lodging with Parent) \$40 x _____ persons = _____

Non-commuter Adults
(Meals, Registration and Lodging)

| | |
|---------------------|-------------------------------|
| 1 Adult (per room) | \$605 x _____ persons = _____ |
| 2 Adults (per room) | \$425 x _____ persons = _____ |
| 3 Adults (per room) | \$365 x _____ persons = _____ |
| 4 Adults (per room) | \$335 x _____ persons = _____ |

Daily Attenders

Please mark number of adult attenders each day:
Thurs ____ + Fri ____ + Sat ____ + Sun ____ = Total ____ x \$80 = _____

Please mark number of child (ages 3–12) attenders each day:
Thurs ____ + Fri ____ + Sat ____ + Sun ____ = Total ____ x \$15 = _____

Total Youth Registration (see reverse) = _____

Total Conference Cost = _____

½ Conference Cost (Due with Registration) = _____

Balance is due June 1, 2008.

Official registration confirmation is from North Carolina Yearly Meeting.

Payment by check _____ Payment by credit card

Check Date _____ Credit Card Type _____

Amount _____ Name on Card _____

Check # _____ Card # _____

Expiration Date _____

Amount _____

Signature _____

Registrants make check payable to:

North Carolina Yearly Meeting

Designate: Friends United Meeting Triennial

Send to:

North Carolina Yearly Meeting

4811 Hilltop Road

Greensboro NC 27407



Kenya residents, contact FUM Africa Ministries office for Kenyan application:
Friends United Meeting, Eden Grace, PO Box 478, Kisumu 40100, KENYA
graces@fum.org +0735 479174

Youth Registration

Ages 12 years through high school and chaperones

Name _____

Gender (M/F) _____ Age _____ Grade _____

Name _____

Gender (M/F) _____ Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Phone: home () _____ cell () _____

E-mail _____

Yearly Meeting _____

- My parent/guardian will be attending Triennial sessions.
 My parent/guardian will not be attending Triennial sessions.

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone: home () _____ cell () _____

E-mail _____

YOUTH T-SHIRT SIZE

Each youth attending the Triennial sessions and participating in the youth program will receive one free t-shirt. Select size and quantity needed below for youth ages 12–high school and all chaperones.

- Adult Small x _____ Adult XLarge x _____
 Adult Medium x _____ Adult XXLarge x _____
 Adult Large x _____ Adult XXXLarge x _____

- I would like to share a room with the following three people who will be sending in separate registration form(s). I realize that if I do not request roommates, three will be assigned to me.

- Special dietary or mobility concerns: _____

It is assumed that all youth will be driving or arriving with a chaperone. If this is not the case, please include arrival and departure information.

CONFERENCE COST CALCULATIONS

Youth and Chaperone Full Conference Attenders

\$130 x _____ persons = _____

Total Conference Cost = _____

If registering with an adult, please transfer this amount to adult form on reverse side.

½ Conference Cost (due with Registration) = _____

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Payment by check _____

Payment by credit card

Check Date _____

Credit Card Type _____

Amount _____

Name on Card _____

Check # _____

Card # _____

Expiration Date _____

Amount _____

Signature _____

Registrants make check payable to: North Carolina Yearly Meeting

Designate: Friends United Meeting Triennial

Send to:

North Carolina Yearly Meeting, 4811 Hilltop Road, Greensboro NC 27407

MEDICAL INFORMATION FORM FOR EVERYONE UNDER 18

Insurance Company _____

Policy # _____ Phone # _____

Policyholder's Name _____

Phone # _____

Doctor's Name _____

Phone # _____

Medications Participant is using under doctor's orders: _____

Allergies or other health problems: _____

Emergency Contact Name _____

Phone # _____

In the event it becomes necessary to see medical attention for _____ during the period she/he is a participant at the 2008 FUM Triennial Sessions, I hereby authorize the leaders to execute the proper treatment for the above participant.

Signed _____

Date _____

ALL PARTICIPANTS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT/GUARDIAN SIGNATURE

YOUNG FRIENDS GUIDELINES

I have read the Guidelines listed in the brochure and agree to follow them at this event.

Printed name of participant _____ Signed name of participant _____ Date _____

Printed name of parent/guardian _____ Signed name of parent/guardian _____ Date _____