

**SAYMA 2006 Yearly Meeting Registration Form**  
**Wednesday June 7 through Sunday June 11 at Warren Wilson College**  
**NOTE: One family/address per form please**

**A. Contact Information**– Please print.

Name + address for use by registrar and on conference roster.

**B. Summary of Fees**

<b>Name</b>		Registration (from section C)	\$
<b>Address</b>		\$30 Late Fee (after May 12)	\$
<b>City, State Zip</b>		Contrib. to YM Scholarship Fund	\$
<b>Month.Mtg/Org</b>		<b>Total Due</b>	
<b>Phone</b>		Less: Monthly Meeting Scholarship	\$
<b>E-mail</b>		YM Scholarship Request	\$
<b>E-mail</b>		<b>Total due</b>	-\$

**C. Attenders**– Registration fee is \$30 for everyone age 12 and up. For youth, give grade in **Fall 2006**.

#	Last Name	First/Preferred Name	M/F	First YM?	If Youth - Age Grade	Enter Workshop #’s Friday Saturday	Arrival Date / Time	Reg. Fee
1				Y / N				\$
2				Y / N				\$
3				Y / N				\$
4				Y / N				\$
5				Y / N				\$
6				Y / N				\$
<b>Total Registration Fees</b>								\$

**D. Volunteer Opportunities/Work Share**

Can you volunteer one or two hours of your time at SAYMA to help in any of the following areas?

JOB	NAME	Preferred Day/Times
Registration Desk		
Bookstore		
Local Arrangements		
Courier for Business Meeting		
JYM Assistant		
Daytime Infant Care		
Evening Childcare		
Night FAP for SAYF		
Errands for SAYF (grocery, etc.-need car)		
Accompany SAYFers to swimming		

**Return completed form for each family/address, with check payable to SAYMA to:  
 Ceal Wutka, 4593 High Gate Ln, Lithonia, GA 30038**

**Questions? Ceal Wutka, 770-808-0016 registrar@sayma.org**