

Pull-out Registration Form: SAYMA YM 2016

Go to the SAYMA website to find an electronic version that calculates fees for you.

Section 1: Who is filling out this form?

Name _____ Mtg _____

Address _____

Phone _____ email _____

Who is with your party? Let us know if they are with YAF, SAYF, or JYM as well as which workshops they would like and whether or not they want to be in a worship sharing group. (Include yourself and attach an extra sheet if you need more room.)

First person (you) _____

Is this person? M F; and adult YAF SAYF JYM

Is this person? staff guest full-time FAN none of these

Workshop (by #) # _____ Fri # _____ Sat Worship sharing? yes no

Second person _____

Is this person? M F; and adult YAF SAYF JYM

Is this person? staff guest full-time FAN none of these

Workshop (by #) # _____ Fri # _____ Sat Worship sharing? yes no

Third person _____

Is this person? M F; and adult YAF SAYF JYM

Is this person? staff guest full-time FAN none of these

Workshop (by #) # _____ Fri # _____ Sat Worship sharing? yes no

Fourth person _____

Is this person? M F; and adult YAF SAYF JYM

Is this person? staff guest full-time FAN none of these

Workshop (by #) # _____ Fri # _____ Sat Worship sharing? yes no

Fifth person _____

Is this person? M F; and adult YAF SAYF JYM

Is this person? staff guest full-time FAN none of these

Workshop (by #) # _____ Fri # _____ Sat Worship sharing? yes no

Section 2: Housing & Meals: *Housing is available on Wednesday, but cafeteria meals begin Thursday at noon and opening worship is at 1.*

First person: _____

Dorm choice: Gen (adult) SAYF (teen) YAF (18 to ~35) SSO

Sleep space: private room bed in shared room child under 12

Nights: *Wed* **Thur** **Fri** **Sat**

Meals: Breakfast: **Fri** **Sat** **Sun**

Lunch: **Thur** **Fri** **Sat** **Sun**

Dinner: **Thur** **Fri** **Sat**

Second person: _____

Dorm choice: Gen (adult) SAYF (teen) YAF (18 to ~35) SSO

Sleep space: private room bed in shared room child under 12

Nights: *Wed* **Thur** **Fri** **Sat**

Meals: Breakfast: **Fri** **Sat** **Sun**

Lunch: **Thur** **Fri** **Sat** **Sun**

Dinner: **Thur** **Fri** **Sat**

Third person: _____

Dorm choice: Gen (adult) SAYF (teen) YAF (18 to ~35) SSO

Sleep space: private room bed in shared room child under 12

Nights: *Wed* **Thur** **Fri** **Sat**

Meals: Breakfast: **Fri** **Sat** **Sun**

Lunch: **Thur** **Fri** **Sat** **Sun**

Dinner: **Thur** **Fri** **Sat**

Fourth person: _____

Dorm choice: Gen (adult) SAYF (teen) YAF (18 to ~35) SSO

Sleep space: private room bed in shared room child under 12

Nights: *Wed* **Thur** **Fri** **Sat**

Meals: Breakfast: **Fri** **Sat** **Sun**

Lunch: **Thur** **Fri** **Sat** **Sun**

Dinner: **Thur** **Fri** **Sat**

Fifth person: _____

Dorm choice: Gen (adult) SAYF (teen) YAF (18 to ~35) SSO

Sleep space: private room bed in shared room child under 12

Nights: *Wed* **Thur** **Fri** **Sat**

Meals: Breakfast: **Fri** **Sat** **Sun**

Lunch: **Thur** **Fri** **Sat** **Sun**

Dinner: **Thur** **Fri** **Sat**

Section 3: special needs and/or volunteer activities

If you want to room with a Friend who is registering separately, tell us who it is you want to room with. _____

What will you need to make your stay comfortable? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> vegetarian meals | <input type="checkbox"/> golf cart transport |
| <input type="checkbox"/> gluten free options | <input type="checkbox"/> handicap parking |
| <input type="checkbox"/> other dietary needs (what?) | <input type="checkbox"/> ride from airport |
| <input type="checkbox"/> accessible toilet, shower | <input type="checkbox"/> ride from bus station |
| <input type="checkbox"/> air-conditioned room | <input type="checkbox"/> elevator in dorm |

What would you be interested in volunteering to do?

- | | |
|--|---|
| <input type="checkbox"/> perform in the talent show | <input type="checkbox"/> set up a WQO display |
| <input type="checkbox"/> play and sing after supper | <input type="checkbox"/> help with registration |
| <input type="checkbox"/> help with SAYF (teens) | <input type="checkbox"/> help with bookstore |
| <input type="checkbox"/> be a night shepherd for SAYF | <input type="checkbox"/> bring books to exchange |
| <input type="checkbox"/> help with JYM (esp. babies) | <input type="checkbox"/> drive the golf cart |
| <input type="checkbox"/> facilitate worship sharing | <input type="checkbox"/> pickup from bus/plane |
| <input type="checkbox"/> facilitate late night worship | <input type="checkbox"/> help with cafeteria line |
| <input type="checkbox"/> facilitate discussion groups | <input type="checkbox"/> host Chat & Chew |

Please describe any special requests or to let us know more about what you'd like to volunteer to do and when you're available.

SAYMA will be taking and collecting images and videos from yearly meeting for possible use on the SAYMA website and other promotional and educational materials published by SAYMA.

- Check this box if you do NOT want the images of your party used in this way by SAYMA.

Calculate your fees in Section 4 →

Section 4: YM fees (Get out your calculators!)

Registration fees

Multiply number in party (age 12 and up) by \$45.

(Parents/guardians together with children they support have a cap of 3 registration fees.)

Registration \$ _____

Campus use fees

Multiply number in party (12 and up) by the # of nights

your party will be on campus & then multiply by \$7.

(If day only, multiply the # in your party by the # of days you'll be on campus & then multiply by \$7.)

Campus use \$ _____

Housing Fees

A private room is \$50/night times number of nights.

A bed in a shared room is \$24.25/night times # of nights.

(SAYFers pay for a bed; children under 12 sleeping in their parents' room do not pay housing fees.)

Housing \$ _____

Linen packets: number of packets times \$20

Linens \$ _____

Meal Fees

Look at section 2 of this form and count totals:

(Meals for children under 12 are subsidized, so don't include those.)

Total # of breakfasts: _____ times \$5.75 = \$ _____

Total # of lunches: _____ times \$7.25 = \$ _____

Total # of dinners: _____ times \$8.75 = \$ _____

Meal total \$ _____

\$30 for Registration mailed after 5/16

\$ _____

(\$0 if mailed on or before 5/16)

Donation to Scholarship fund

\$ _____

Total charges \$ _____

Payments (Full payment preferred; at least 25% required)

Personal check enclosed \$ _____

Check from monthly meeting enclosed \$ _____

Request for SAYMA scholarship \$ _____

If you are SAYMA staff/guest enter amount of subsidy \$ _____

Total paid \$ _____

Balance due at check-in (Enter \$0 if paid in full)

\$ _____

Mail this form with your check to: Liz Dykes, SAYMA Administrative Assistant
106 Wax Myrtle Ct.
Savannah GA 31419