

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------|------------------------------------|--------------------------|--------------------------|
| Lutheran Winni Week | | July 6-13, 2013 | | Registration Form | |
| Complete this form and return with 30% Deposit postmarked by Friday May 24, 2013 | | | | | |
| Mail to: Lutheran Winni Week %Ellen Bartlett, Registrar 161 Mason St Westbrook ME 04092 | | | | | |
| Phone 207-854-1684 email LutWinni@maine.rr.com | | | | | |
| Contact Information | | | | | |
| First name: | | Last name: | | | |
| Age: | Address: | | Home phone: | | |
| City: | State: | | Zip: | | |
| Email: | | | Cell phone | | |
| Additional persons staying in the same unit – If anyone is registering and paying separately check box(es) below | | | | | |
| First name | | Last Name | | Age | Separate Registration |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| Accommodation Choices: | | | | | |
| Note: Any teenager living in the Supervised Youth Cabin, must have a Parent/Guardian over 21 Years of age attending the conference. Chaperone will be on duty from 10:00pm through 7:00am. | | | | | |
| First Choice | | Second Choice (you will be contacted) | | | |
| | | | | | |
| Financial: | | | | | |
| Conference Fees: | | | | | |
| Adult (16+) | # | \$280.00 ea | Total = \$ | | |
| Youth (13-15) | # | \$250.00 ea | Total = \$ | | |
| Child (3-12) | # | \$190.00 ea | Total = \$ | | |
| | | Total Conference fees | \$ | | |
| Accommodations: Enter your first choice and the price from the information sheet | | | | | |
| | | \$ | Total = \$ | | |
| Linen sets needed: _____ | | \$10.00 per person/per set | \$ | | |
| | | Grand Total = \$ | | | |
| | | Times 30% for Deposit | \$ | | |
| Make Checks payable to Lutheran Winni Week. All registrations and Accommodations will be handled on a first come/first served basis. To guarantee your first choice return this form along with your 30% deposit by Friday, May 24, 2013. Both the completed form and the deposit must be received in order to process your registration. Payments may be tendered via PayPal by entering Lutheran Winni Week (Registration will be processed when this form arrives and the payment clears). | | | | | |
| Financial Aid Request: (For Ages 3-17) Answer the questions below & send in this form <u>with your deposit</u> . The committee will review all requests and you will be notified as to the amount awarded. | | | | | |
| Name of person making request: | | | Signature: | | |
| Name(s) of person(s) Financial Aid is for: | | | | Age(s): _____ | |
| Registration Grand Total(from above): \$ | | | Amount of requested Assistance: \$ | | |
| Has applicant received aid in previous years? No _____ Yes _____ - Years _____ | | | | | |
| We hereby verify that the above named would not be able to attend without assistance. Initials: _____ | | | | | |
| What do you hope to gain from Lutheran Winni Week? | | | | | |
| Why are you requesting Financial Assistance? | | | | | |
| | | | | | |