

FLGBTQC Midwinter Gathering
February 17 – 20, 2012
General Registration

Contact Information:

Name (please list the names of all who will be in your party) 1st Time Attendee? if yes

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Important: If you are bringing someone under 18, please fill out and sign one children's information/waiver sheet for each person under 18.

Mailing Address:

Phone (1) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Phone (2) _____	
Cell _____	
Email Address: _____	

Lodging preferences: (All rooms have an attached bathroom.)

They provide sheets, towels, a pillow, and a blanket. Warmth shouldn't be a problem as they have radiant floor heating.

Apartment	3 beds per apartment (3 apartments; limited availability)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Couple	2 beds (will provide if space allows)	
Multiple People	2-3 bunk beds/ 4-6 people	
Family room	2-3 bunk beds/ 4-6 people	

I am able and willing to sleep in an upper bunk if needed.

Rooming preference (List names and/or gender preference)

I want to room with: _____
I want to room near: _____

Commuter

Local hotel to contact:
Sleep Inn
945 Greenwald Court, Mukwonago, WI - 53149
Phone # 262-363-9970 Fax #: 262-363-9988

Transportation to Midwinter Gathering:

I/we will provide my/our own transportation.
I/we will be driving and could accommodate _____ extra riders.
I/we would like to ride with someone.
I/we will need local transportation to/from:

√ the appropriate boxes

Mitchell Field/Milwaukee Airport _____
Arrival (date/time/airline/flight #) _____
Departure (date/time/airline/flight #) _____

Milwaukee Bus Terminal _____
Milwaukee Train Terminal _____
Arrival (date/time/bus or train line) _____
Departure (date/time/bus or train line) _____

Other Needs:

Dietary needs: Ominvorous
 Vegetarian
 Vegan
 Gluten-free
 Diabetic
 Other restrictions/allergies

(Describe) _____

This is a kosher facility - any food brought in has to remain in your private room.

Accessibility challenges/needs: _____

FYI: The Perlman Center grounds are flat; there are paved sidewalks between the buildings.

Please let us know anything else about you that will help us to provide a comfortable and welcoming environment for you.

How can you help with creating a successful gathering?

I can provide additional funds to help others attend.

I can:

- lead an interest group
- lead a worship sharing group

I would like to offer the gathering something not listed above:

(Describe) _____

Other comments? _____

Fees (all meals included for both resident and commuter registrations)

Room:	Fee:		# in party	=	Cost
Apartment	\$250	X	_____	=	_____
Couple	\$250	X	_____	=	_____
Multiple people (4-6)	\$250	X	_____	=	_____
Children (under 18)	\$100	X	_____	=	_____

Commuter:					
Full Weekend	\$150	X	_____	=	_____
Saturday/Sunday only	\$100	X	_____	=	_____

Contribution to make it possible for others to attend _____ = _____

Total _____ = _____

I am enclosing a check for this amount with my registration form: _____ = _____

The balance owed upon arrival to the gathering is: _____ = _____

I will need Financial Assistance with conference fee: \$ _____

Please include payment with your completed registration form - a minimum of 50% of fee would be appreciated to cover start up costs.

Deadlines:

Financial Aid request must be received by -	January 17, 2012
General Registration ends	January 21, 2012

Please mail completed form and payment to:

Thomas Darrow
9930 - 74 Street - Unit G
Kenosha, WI 53142

Kindly make checks payable to: FLGBTQC - MWG

We look forward to sharing this time with you!