

REGISTRATION FOR OHIO VALLY 2019
 YEARLY MEETING 199th ANNUAL SESSIONS
 Wed. June 19th - Sun June 23rd

Please Put "OVYM" in the Subject. Email to:
Registrar.OVYM@gmail.com

Note: Do not enter DOB if you have given it to me in the past.

<u>Attender Information</u>	M/F	Date of Birth	Youth	M.Y. wing	Teen wing	Y.A.F. wing	Adult
First and Last Name		mm/dd/yyyy	0-10	10-14	14-18	18-35	18+

Rooming Requests:	Person's name	With:	Person's name
		or	
		Near:	

<u>Contact Information</u>	MONTHLY MEETING:
Home Address:	Address ZIP:
EMAIL:	Phone Cell:
Note: Not nec. to enter info you have given to me in the past.	Phone Other:

Use most recent past info **Y/ N:** ____

<u>OPTIONS</u>	Enter First Names of Attendees on this form who:
Prefer single room, specific floor, dorm: Barret – Quiet and mobility needs	
Are Vegetarians / Vegan:	
Are Diabetic / Gluten Free:	
Are Other:	
Will attend FAP Training for working with Youth	Note: FAP = Friendly Adult Presence
Have children needing care during FAP Training Wednesday 1:30-2:45pm	See Registrar's Notes for more details

Friends will sign up for workshops at a location near the registration table and this is not included in this registration form.

MEALS

Eaten or not eaten, paid or free, a requested meal will cost OVYM.

MEALS**FULL-TIME ATTENDERS**

Number of Attenders eating all meals and Paying Full		x \$120	=
Number of YAF or 1 st timers paying half price		x \$60	=
Number of Youth (0-18) or Free		No Charge	= 0.00

And PART-TIME ATTENDERS

Please indicate how many meals will be eaten in the college dining room.

		Wed	Thu	Fri	Sat	Sun	Totals		
<i>Example</i>	<i>Persons for this meal</i>	<i>0</i>	<i>1</i>	<i>1</i>	<i>3</i>	<i>2</i>	<i>= 7</i>	<i>x \$6.00</i>	<i>= 42.00</i>
Breakfast	Adults or Paying Full						=	x \$8.00	=
	YAF and 1 st timers						=	x \$4.00	=
	Youth (0-18) or Free						=	No Charge	= 0.00
Lunch	Adults or Paying Full						=	x \$10.00	=
	YAF and 1 st timers						=	x \$5.00	=
	Youth (0-18) or Free						=	No Charge	= 0.00
Dinner	Adults or Paying Full						=	x \$14.00	=
	YAF and 1 st timers						=	x \$7.00	=
	Youth (0-18) or Free						=	No Charge	= 0.00
								Meals Total	=

ROOMS

(If you wish to pay more than the designated amount, you may give it as a gift.)

ROOMS**FULL-TIME ATTENDERS**

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NUMBER of Adults or Paying Full		x \$132	=
NUMBER of YAF		x \$66	=
NUMBER of Youth or Free		No Charge	= 0.00

PART-TIME ATTENDERS|
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Please indicate as above how many people will stay in the dorms each night.

	Wed	Thu	Fri	Sat	Sun	Totals		
Adults or Paying Full							x \$36.00	=
YAF and 1 st timers							x \$18.00	=
Youth or Free							No Charge	= 0.00
							Total	=

I will need display space at Yearly Meeting. My display topic is: _____

Arrival:

Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
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<u>Volunteer Opportunities</u>	Enter First Names of Volunteers on this form for:
Teen Programs or Teen Field Trip	
M.Y. Program or M.Y. Field Trip	
Children's Program	
Toddler's Program	
Registration	
Bookstore	
Healing Center Practitioner	
Other: Available as Needed: etc.	

NOTE: Anyone who volunteers to work with youth must have appropriate FAP training and certification every 5 yrs. Please fill out the box on the first page if you will be attending the FAP Training held 1:30-2:45 pm on Wednesday.

SUMMARY OF CHARGES:

Meals Total:		
Rooms Total:	+	
Sub Total:	=	
Registration Fee: Number of Full Paying Adults	x \$30.00:	+
Registration Fee: Number of YAF and 1 st Timers	x \$15.00:	+
Sub-Total:	(Youth are free)	=
Contribution to help cover costs of Annual Sessions. Help pay for youth, 1st Timers, etc. Adding \$60/day per full-paying adult will meet all costs of sessions. Any amount is welcome.		+
If you would like contribute to the Coffee Fund. Pay as you go or here. Consider Cup-a-day \$5, Two cups will do \$10, Keep me topped off \$15, . . .		+
TOTAL - Cash or check (no plastic) payable to OVYM can be paid when you arrive at OVYM:		=

Fill in and save this form on your computer first, which enables you to print or email it.

To register - Email this form to: Registrar.OVYM@gmail.com

Put "OVYM" in the subject.

A confirmation will be sent by email.

Cell (513) 378-8730

Or Mail to: Eric Wolff - OVYM, 2108 Yeast Ave., Cincinnati, OH 45225-1417

Work is best (513) 861-3100 x 5366

You can contact me directly if you have special needs or questions.

(Mail by June 4th, Email by the 11th, Call anytime.)