A2U2 _____ Auburn UU_____ Norway UU_____ *Submission Date* _____

2017 Ferry Beach All-Church Retreat: May 5th-7th

***Registration Deadline* – Sunday, April 16th, 2017 (*Refund Deadline* – April 23rd)**

Primary Contact_____ Email:_____

Second Adult (?)_____ Email:_____

Phone: Land line or 1st phone_____ Cell # or 2nd #_____

Mailing Address_____ _____ _____
(# Street) (City/Town) (Zip)

Full name and age of each youth and child attending: _____Age_____

_____Age_____ _____Age_____

_____Age_____ _____Age_____

I understand that by registering for this event I am giving permission for photos of all registrants to be taken and used by participating churches on their websites and on printed materials displayed and distributed within their churches.

COSTS: (INCLUDES REGISTRATION FEES) *(NOTE - - Children under 5 are free!)*

	FULL WEEKEND		
Family I (all children are *under* age 13)	$ 300 maximum	=	$_____
Family II (with any youth 13 & older)	$ 325 maximum	=	$_____
Adults & Youth (13 & older):	$ 140 x _____ people	=	$_____
Children (5-12):	$ 75 x _____ people	=	$_____
	ONE NIGHT (***ONLY on space available basis***)		
Adults & Youth (13 & older):	$ 115 x _____ people	=	$_____
Children (5-12):	$ 60 x _____ people	=	$_____
	COMMUTERS AND CAMPERS		
Adults & Youth (13 & older):	$ 50 x _____ people	=	$_____
Children (5-12):	$ 30 x _____ people	=	$_____
Add Campsite Fee (if applicable /max 5 people per site):	One night $16_____ *or* Two nights $32_____		$_____

Optional ***contribution to scholarship fund?*** *Circle: $10, $25, $50, Other –* $_____

TOTAL ENCLOSED: Check (*see below*)*must accompany registration form & be payable to A2U2 $_____

Number of people attending the following meals (Include children *from age 5 up only*):

_____Friday ice cream social _____ Saturday breakfast (7:30-8:30 am) _____Saturday lunch
_____Saturday dinner _____ Sunday breakfast (7:30-8:30 am)

Numbers to be: _____ Commuting only _____ Camping in Grove
Sleeping in Dorms: _____ Both nights _____ Friday only _____ Saturday only

*Any food allergy, dietary or accessibility concerns you may have:*_____

- Additional fee may be charged for a single room (**granted *only* if space is available**).
- Singles who do not identify preferred roommate(s) will likely have one assigned.
- If single, I plan to room with: (one or two names):_____

Questions? Scholarship needs? ***Auburn UU*** – *Anne Kinney at akinneyuu@gmail.com or 782-7497*
Norway UU – *Bernice Martin at 928-2046*
A2U2 – *Carol Hayden: cdhayhall@maine.rr.com or 854-2112; Leslie McConnell: lesandted@roadrunner.com or 693-6108*

Register by Sun. April 16th.* *Make checks ***payable to A2U2* (Allen Avenue UU Church) with ***"Ferry Beach Retreat"*** on memo line. **Mail this form & check to: Dave Juers** (registrar) **13 Reef Road Cape Elizabeth, ME. 04107.** *Thank you!*