

**REGISTRATION INFORMATION**  
**Northern Yearly Meeting - Wisconsin Lions Camp - May 23-26, 2008**

**Registration Encouraged by May 2 (postmark)**

Please return your registration form with full payment to the registrar: Will Stites, 425 Bukolt Avenue, Stevens Point, WI 54481 (715-345-7065 / wstites@uwalumni.com).

**The registration deadline** gets vital planning information to the Lions Camp staff and to our teachers! We want to see you at Yearly Meeting, and will do our best to accommodate late or even on-site registrants, but we cannot guarantee housing and meals will be available to those registering after the deadline.

Name (just one, please) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Meeting affiliation \_\_\_\_\_

NYM prints a list of session attenders that is available to all NYM Friends. May we print all your information? \_\_\_\_\_ If not, please check the items that you want us to withhold:

EXCLUDE MY: Address  Phone  Email  Name

**HOUSING PREFERENCES**

Cabins: Men only \_\_\_\_\_ Women only \_\_\_\_\_ Couples/families \_\_\_\_\_ Teen \_\_\_\_\_ Adult Yg Frds \_\_\_\_\_

I want to be in a cabin with this person: \_\_\_\_\_

Tent \_\_\_\_\_ RV \_\_\_\_\_ Motel (you arrange) \_\_\_\_\_

**SPONSORSHIP INFORMATION**

*For minors attending without a parent or guardian*

Minor (s) \_\_\_\_\_ Attending sponsor \_\_\_\_\_

Parent / Guardian (name, address, phone(s))  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company  
\_\_\_\_\_

Insurance Phone # \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies / other medical information  
\_\_\_\_\_  
\_\_\_\_\_

*My child has my permission to attend Northern Yearly Meeting under the supervision of the above named sponsor. I hereby give my consent to emergency medical care or treatment to be used only if I cannot be reached immediately.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

