A2U2 _____ Auburn UU_____ Norway UU_____ ***Submission Date*** _____

2018 Ferry Beach All-Church Retreat: May 4th-6th

***Registration Deadline* – Sunday, April 15th, 2018** ***(Refund Deadline* – April 22nd)**

Your Name _____ 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)	$ 315 maximum	=	$_____
Family II (with any youth 13 & older)	$ 330 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, $100 Other* _____ $_____

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

Number of people taking 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 _____ Fri. night *only* (if space available) _____ Sat. night *only* (if space available)

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 – ***Joan Erler*** *at cjerler@yahoo.com or 803-2057*

A2U2 – Carol Hayden*: cdhayhall@maine.rr.com or 854-2112;* ***Leslie McConnell****: lesandted@roadrunner.com or 693-6108*

*****Register by Sun. April 15th.* *****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!*