## **Registration Form**

Name of Adult(s) Attending:						
Name(s) & Age(s) of Childre	n Attending	:				
Mailing Address:						
Email Address:			Telephone			
Vegetarian:	□ Yes	□ No				
Other dietary needs: _						_
Transportation:	Transportation: □ Ride Neede		□ Ride Offered	(#	can take)	
Scholarship Needed:	□ No	□ Yes	Amount	Requested	d::	_
There are various housing o	ptions:					
Rooms in the main building bunkbeds and 2 singles. (roo		•				are two rooms with
The Red House has two be	edrooms wi	th space for	r 4-5, kitchen, an	nd bathroom	n.	
The cabins sleep 2, 4, or 5 running water. Each has an	-				-	_
What is your housing prefere	ence and to	lerance?				
Registration for Retreat:			\$\$			
Additional donation towards a Scholarship:			\$\$			
TOTAL SUBMITTED:			\$\$			

Please enclose your check, payable to Friends Meeting at Cambridge & mail to:

Friends Meeting at Cambridge, 5 Longfellow Park, Cambridge, MA 02138 (Due by March 16<sup>th</sup>)

Questions? contact Sandy Sweetnam/Jan Nisenbaum through allmeetingretreat@fmcquaker.org