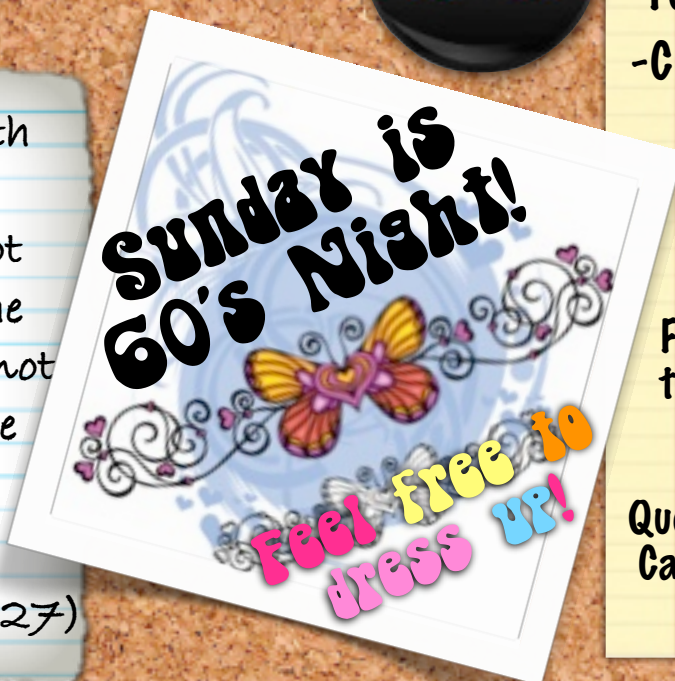


YOUNG FRIENDS YEARLY MEETING SEPTEMBER 3-6, 2010



• "Peace I leave with you; my peace I give you. I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid."
-Jesus (John 14:27)



-For 6th - 12th Grades
-Costs: Youth - \$150
Chaperone - \$130
-Register by August 6th and save \$20!
For more information or to register online, visit:
www.ncym-fum.org
Questions?
Call (336) 292-6957

Young Friends Yearly Meeting 2010

Young Friend
(7th – 12th Grade)

Cost: \$150/Person

DISC. RATE: \$130 (until 8/6)

Chaperone for Young Friends
(Freshman in College & Up)

Cost: \$130/Person

DISC. RATE: \$110 (until 8/6)

Young Adult
Freshman in College & Up
(Not a Chaperone)

Cost: \$140/Person

DISC. RATE: \$130 (until 8/6)

Please complete and return with a deposit of \$25.00 by August 6th for discounted rates!
Make checks payable to "NCYM" designating for "Young Friends Yearly Meeting" and mail to:
4811 Hilltop Road, Greensboro, NC 27407

PLEASE PRINT

Name: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Grade in School for '09-'10: _____
(Month / Day / Year)

Parent(s) or Guardian(s) _____

Do you attend a Friends Meeting: Yes No Meeting/Church you attend _____

Roommate request: _____

T-Shirt Size: Small Medium Large XL XXL Other _____

Accommodations: Lee Hall – Dormitory style, no air conditioning
Package includes 3 NIGHTS, ALL MEALS AND SNACKS

MEDICAL INFORMATION FORM FOR EVERYONE

Insurance Company _____

Policy # _____ Phone # _____

Policyholder's Name _____ Phone # _____

Doctor's Name _____ Phone # _____

Medications Participant is using under doctor's orders _____

Allergies or other health problems _____

Emergency Contact #'s _____

In the event it becomes necessary to seek medical attention for _____
during the period she/he is a participant in this event, I hereby authorize the leaders to execute the proper treatment for
the above participant.

Signed _____ Date _____

ALL PARTICIPANTS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT/GUARDIAN SIGNATURE

CREDIT CARD PAYMENT

Visa MasterCard Account Number: _____ Amount: _____

Cardholder's Name: _____ CVC # _____ (3 digit) Expiration Date: _____
(PLEASE PRINT)

(SIGNATURE)

This transaction will appear on your statement as charged to NC Yearly Meeting. This information will be kept confidential in a secure location.

Young Friends Guidelines

Everyone is expected to follow all guidelines, and failure to do so will result in disciplinary action.

If you need to be gone at any time during the event, to work or other obligations, you need to arrange your schedule in advance with the directors at registration.

I realize that photographs, video, articles, statements, names, music or art by my child will be used in promoting other North Carolina Yearly Meeting activities.

All information or pictures related to this event that I post on the internet (Facebook, MySpace, etc.) will be of good taste and reflect Christian character.

Respect all other participants and their property, as well as, the property of the facilities.

At lights out everyone is expected to be in their own room/cabin.

Attendance is expected at ALL sessions.

Everyone is expected to clean up their own room/cabin and leave furniture arranged as it was found.

If you are taking prescription drugs of any kind you must report this to the directors in charge of the event and bring the medication in the original prescription bottles.

It is not acceptable during events to perform bodily alterations such as piercing, tattooing, hair coloring/cutting, or any other major variation.

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ABSOLUTES

(Disciplinary action will be sending you home at your expense!)

No possession or use of tobacco products (cigs, dip, chew, etc.), alcohol, or non-prescription drugs, knives, firearms, or fireworks.

Sleeping areas are off limits to members of the opposite sex.

***** I have read the above guidelines and agree to follow them at the event.*****

Printed name of Participant

Signed name of Participant

Date

Printed name of Parent / Guardian

Signed name of Parent / Guardian

Date