

Registration Seabeck August 17-23 2014 Love lifts us up!

Registration: (please print) Use one form per family

Family Unit: Name:

				-
Address:				_
City:	State:		ZipCode:	_
Home Phone:()	Cell P	hone:() _		_
Email address:		What is Y0	OUR T-shirt size	
Have you attended Seabeck before, which year(s) _		Are you a Mem	ber of CSL? YesNo	

Fees-Payment Information:

Fee includes 6 nights, 18 meals and programs	Fee	#	Total \$
Spruce single occupancy	\$778		
Adult – Spruce double occupancy	\$658		
New Houses (Salal or Huckleberry)single	\$794		Sold Out
Adult double or with family occupancy Sold Out	\$674		
New Houses Youth Rates (housed with parents			Sold Out
3yrs thru 5th Grades	\$452		
6 th – 8 th Grades (includes kayaking)	\$513		
Adult Inn, Inn Annex			
Single occupancy	\$689		
Double occupancy	\$649		
Single occupancy	\$653		
Adult – Double occupancy Pines	\$533		
Family Housing			
-Adult	\$535		
-Child 3yr s to 5th grade	\$410		
-Middles School 6 th to 8 th grade(includes kayaking)	\$492		
Toddlers 1-2 years old	\$150		
-Infants no organized program and is with parent			
Grades 9-12 in Fall plus 2014 graduates / same gender in teen	\$573		
housing (includes kayaking)			
	Total		

Room Selections

- I am registering as a single or Assign me a roommate please. (Note: to include as many people who
 want to attend Seabeck, we will place individual adults in rooms with other campers of the same gender
 and families in shared housing.)
 - Do you prefer (check one) _____Late night partier
- _"Quiet by ten" roommie
- Are you a light sleeper? () yes () no. A snorer? () yes ()
- I want to room with list friends or family members here:

Name	T-shirt Size	Age (if under 18)	Youth: grade in coming Fall	Gender



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Other Accommodations: Meals are served family-style meals without red meat. Do you have special dietary needs?

Vegetarian

□ Vegan/Wheat Free

Please notify Diane Bell of any food allergies. She can be reached at <u>DianeB@SpiritualLiving.org</u> or 206-527-8801, ext.5101.

Mobility: Do you or a family member require any accommodations with disability or impaired mobility? (Yes/No) List any other special needs

Carpooling: As a driver? _____ (Seats available) _____ As a rider? ____ (Seats needed) _____

Please note: You will need to opt out of photos if you do not want your picture taken for CSL publicity use.

Financial Assistance: Please send me information on how to receive the following.

- If you plan on fund raising for your children contact Deanna Freeman ASAP to be included in the committee! 206 527 8801 ext 5119
- Dave Martin Loan? (<u>Adults only</u>)
 - Amount needed \$_____ (Maximum amount is \$267) / one per family
 - Dave Martin Loan is repayable by December 1st, 2014
 - Deadline to apply for adult financial assistance is Aug. 1, 2014
- Have you applied to be a Seabeck Youth & Family Program Advisor yes ____? For more information contact Deanna Freeman

Deposits: <u>All registrations require a \$100 nonrefundable</u> deposit <u>per adult and youth.</u> Payment in full is required by Aug 01, 2014

Checks are payable to: Center for Spiritual Living 5801 Sandpoint Way NE- Seattle, WA 98105 Phone: (206) 527-8801 ext. 5101 Fax: (206) 527-4680 Email: <u>adulted@spiritualliving.org</u>

Important Notes:

- Buildings have thin walls, all late night partying (after 10pm) is to be done in the Meeting Hall or in Pines bookstore, in consideration of others.
- Alcoholic Beverages may not be consumed in public areas
- <u>All buildings are non-smoking.</u>
- Seabeck provides bed linens and towels for its guests.

Office Use			_
Deposit Received: \$	Date:	_ Paid by: cash check#	
MC or Visa # //	_/ ex	(p/ Sec code	