



Registration Seabeck

August 16-22 2015

I Am the BeLoved Community

Registration: (please print) Use one form per family

Family Unit:

Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____ What is YOUR T-shirt size _____

Have you attended Seabeck before, which year(s) _____ Are you a Member of CSL? Yes__ No __

Fees-Payment Information:

Fee includes 6 nights, 18 meals and programs	Fee	#	Total \$
Spruce Adult <i>Single</i> occupancy Adult <i>Double</i> occupancy	\$940 \$678		
Salal / Huckleberry Adult <i>Single</i> occupancy Adult <i>Double</i> or Family occupancy 3yrs thru 5th Grades (housed with parents) 6 th – 8 th Grades (housed with parents, includes kayaking)	\$973 \$694 \$528 \$466		Sold Out
Inn, Inn Annex (Adults only) Annex <i>Single</i> occupancy Inn <i>Single</i> occupancy Inn <i>Double</i> occupancy	\$788 \$828 \$668		
Pines Adult <i>Single</i> occupancy Adult <i>Double</i> occupancy	\$783 \$549		
Family Housing (Cedars, Firs, Madrona, Maples) -Adult - Middle School 6 th to 8 th grade(includes kayaking) - Child 3yr s to 5th grade - Toddlers 1-2 years old - Infants no organized program and is with parent	\$551 \$507 \$422 \$155 No Cost		
Teen Housing Grades 9-12 in Fall & 2015 graduates (includes kayaking)	\$590		
	Total		

Complete below for any/all additional family members (including Teens):

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

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.) Preferred Roommate: _____
 - Do you prefer (check one) ____ Late night partier ____ "Quiet by ten" roommie
 - Are you a light sleeper? () yes () no. A snorer? () yes ()



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Other Accommodations:

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

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten Free
- ☐ Dairy Free

Please notify Wendy Sinclair of any food allergies. She can be reached at WendyS@SpiritualLiving.org 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 _____

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

Financial Assistance:

- ☐ If you plan to apply for a scholarship for your child(ren), contact Deanna Freeman (DeannaF@SpiritualLiving.org) ASAP to be included. **Deadline is May 31, 2015.**
- ☐ Dave Martin Loan? (**Available only to Adults**)
 - o Amount needed \$_____ (Maximum amount is \$267) / one per family
 - o Dave Martin Loan is must be repaid by December 1st, 2015.
 - o **Deadline to apply is August 1, 2015.**
- ☐ Have you applied to be a Seabeck Youth & Family Program Advisor? Yes ____

Deposit: All registrations require a \$100 nonrefundable deposit per adult and youth.

Payment in Full is required no later than August 01, 2015.

Make checks payable to: **Center for Spiritual Living 5801 Sandpoint Way NE- Seattle, WA 98105**
Phone: (206) 527-8801 ext. 5101 Fax: (206) 527-4680 Email: adulted@spiritualliving.org

Important Notes:

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

Office Use _____

Deposit Received: \$_____ **Date:**_____ **Paid by:** cash ____ check# _____

MC or Visa #____ / ____ / ____ / ____ exp ____ / ____ Sec code _____

Hired YFM Staff Date: _____