

Attendee's Name _____

Session	Workshop Title	Fees
1 (Sat AM)		
1 alternate		
2 (Sat PM)		
2 alternate		
3 (Sun AM)		
3 alternate		

Attendee's Name _____

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1 (Sat AM)		
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Attendee's Name _____

Session	Workshop Title	Fees
1 (Sat AM)		
1 alternate		
2 (Sat PM)		
2 alternate		
3 (Sun AM)		
3 alternate		

Feel free to copy registration forms as needed.

Mail to:

Carolina Spirit Quest – Spring 2000
PO Box 61335, Durham, NC 27715

Current Mailing Address		
Name	_____	
Street	_____	
City	State	Zip
Email	Phone	

TEEN / CHILD RELEASE

If a teen /child is coming with other her/his parent / guardian, this form must be notarized or the involved parties will be asked to leave.

_____ is authorized to act as an authorized guardian for
(name of person responsible)

_____ while attending Carolina Spirit Quest from April 14
through April 16, 2000.

Signed _____
(Parent's signature }

I agree to be responsible for this minor while attending Carolina Spirit Quest.

Signed _____
(Responsible attending adult)

My commission expires _____

Notarized statements are not required for minors whose parents attend Spirit Quest

Registration – Carolina Spirit Quest 2000

Not everything on this form will apply to everyone. We have consolidated the information here to save space and make the whole process more convenient for everyone. Call the Registrar or Co-directors if you have questions. See staff page in Registration Packet or the web page at <http://www.rtpnet.org/csquest/> for contact information.

Last name	First name	Nametag name (other than first name)	Male / Female	Age	Special needs*	Omnivore or Vegetarian	Sponsored minor with non-parent

Registration Fee Schedule	
Adult	\$82.00
4 thru 11 Years	\$60.00
6 mos thru 3 Years	\$45.00
Under 6 months	Free
Late fee (postmarked after 4/1/2000)	\$25.00

* Describe any special healthcare needs that the staff should be aware of, particularly **Medalart** information or dietary restrictions.

Tee shirts									
Size	Ch-S	Ch-M	Ch-L	S	M	L	XL	2XL	3XL
Cost	\$12	\$12	\$12	\$12	\$12	\$12	\$12	\$14	\$14
Qty									

Emergency contact person _____

Phone number _____

Relationship to participant _____

Emergency contact person _____

Phone number _____

Relationship to participant _____

Fee Table	
Registration fees	
Workshop fees	
Vendor fee	
Cleanup deposit (\$10 ea)	
Shirt order total	
Donation	
Other, please define	
Total Fees Due	

For participants sending multiple checks with your registration, please fill out the table below to make it easier for the staff to properly attribute the funds.

Check/Money order listing		
Check #	Description	Amount