

Carolina Spirit Quest 2002 Registration Form

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.carolinaspiritquest.org/> for contact information.

| Last Name | First Name | Name tag name (other than first name) | Male/ Female | Age | Special Needs* | Omnivore or Vegetarian | Sponsored minor with non-parent |
|-----------|------------|--|-----------------|-----|----------------|------------------------------|---------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

| Sweatshirt Orders | | | | | | | | | |
|-------------------|------|------|------|------|------|------|------|------|------|
| Size | Ch-S | Ch-M | Ch-L | S | M | L | XL | 2XL | 3XL |
| Cost | \$18 | \$18 | \$18 | \$18 | \$18 | \$18 | \$18 | \$20 | \$20 |
| Qty | | | | | | | | | |

Cabin Selection Preference

Please check the type of cabin you would prefer.
Note that these are available on a first come first serve basis.

Quiet _____ Kid-Free _____ All Female _____
 Noisy _____ Kid-Friendly _____ All Male _____
 No Preference _____

Please feel free to copy these forms and give them to your friends!

| Fee Schedule | | Fee Table | | Cleanup Deposit | | Check/Money Order Listing | | |
|--|---------|--------------------------------------|--|---|--|--|-------------|--------|
| Adult | \$89.00 | Registration Fees (p.) | | All registrations must be accompanied by separate cleanup deposit check(s) of \$25.00 per registrant. The check(s) will be returned at 4:00PM on Sunday to all participants who have helped clean the site. | | Please fill out this table to make it easier for the staff to properly attribute the funds | | |
| 6 thru 11 years | \$60.00 | Workshop Fees (pp.) | | | | | | |
| 5 years & under | Free | Friday Intensive Workshop Fees (pp.) | | | | | | |
| Friday Intensive Workshop | \$30.00 | Vendor Fee (p.) | | | | | | |
| Late Fee (postmarked after March 24, 2002) | \$25.00 | Shirt Order Total (p.) | | | | | | |
| Cleanup Deposit | \$25.00 | Donation | | # of Registrants | | Check # | Description | Amount |
| | | Other, please define | | # of Dep. Checks | | | | |
| | | Total Fees Due | | | | | | |

Workshop Registrations

| | | |
|---|-----------------------------------|-------------|
| Attendee's Name: | | |
| Friday Intensive & Other Workshops | | |
| <i>Check if attending</i> | <i>Workshop Description</i> | <i>Fees</i> |
| | Polyamory for Pagans | |
| | Trip to Indian Mounds | |
| | Newcomers' Workshop | |
| | Friday evening Pyromancy Workshop | |
| Regular Weekend Workshops | | |
| <i>Session</i> | <i>Workshop Description</i> | <i>Fees</i> |
| 1 (Sat AM) | | |
| 1 Alternate | | |
| 2 (Sat PM) | | |
| 2 Alternate | | |
| 3 (Sun AM) | | |
| 3 Alternate | | |

| | | |
|---|-----------------------------------|-------------|
| Attendee's Name: | | |
| Friday Intensive & Other Workshops | | |
| <i>Check if attending</i> | <i>Workshop Description</i> | <i>Fees</i> |
| | Polyamory for Pagans | |
| | Trip to Indian Mounds | |
| | Newcomers' Workshop | |
| | Friday evening Pyromancy Workshop | |
| Regular Weekend Workshops | | |
| <i>Session</i> | <i>Workshop Description</i> | <i>Fees</i> |
| 1 (Sat AM) | | |
| 1 Alternate | | |
| 2 (Sat PM) | | |
| 2 Alternate | | |
| 3 (Sun AM) | | |
| 3 Alternate | | |

Mail To:

Carolina Spirit Quest – Spring 2002
PO Box 61335, Durham, NC 27715

| | | |
|--------------------------------|-------|-----|
| Current Mailing Address | | |
| Name | | |
| Street | | |
| City | State | Zip |
| Email | | |
| Phone | | |

| | |
|--------------------------------------|--|
| Emergency Contact Information | |
| Emergency Contact Person | |
| Phone Number | |
| Relationship to Participant | |
| Emergency Contact Person | |
| Phone Number | |
| Relationship to Participant | |

| |
|---|
| <input type="checkbox"/> Please add me to the Carolina Spirit Quest mailing list! |
| <input type="checkbox"/> Please do not add me to the Carolina Spirit Quest mailing list. |

Please make copies of this form if registering more than two participants.