

Amount \$	_____
Check #	_____
Room #	_____

Registration Form

PW Summer Gathering June 15 - 18, 2017

One Form per Person (No phone or email registrations accepted.)

Please Print

Name _____
First
Last

Name to be displayed on nametag: _____

Street Address _____

City
State
Zip

Roommate Request: _____
*(*Registrations for roommates should be mailed together to ensure your housing request*)*

Telephone (Home) _____
 (Cell) _____

Email : *(to be used for confirmations)* _____ If no email available,
 your cancelled check will serve as confirmation of your registration

Special Needs: _____
(physical, room, dietary, signing)

Church _____

Presbytery _____

Are you attending the Gathering for the first time? _____

Emergency Contact:

Name _____

Home #: _____ Cell # _____

Relationship _____

Mom & Kids Program: If children are attending the Gathering with you, please list the name and age for each child:

Name: _____ Age: _____

Name: _____ Age: _____

Some scholarship money is available to assist with the cost of lodging and meals for attending children. Please contact Mary Lou Cox at 540-499-2585 or cwmcox@htcnet.org for information.
Pre-registration is required for all children attending!

Registration Fees/Payments

2017 Summer Gathering Fees

Registrations postmarked by **April 20, 2017** will receive the special Gathering "Etta" swan ornament at registration.

- **NO REFUNDS AFTER MAY 19, 2017 ***

Full-Time (3 nights/8 meals)	
Double Occupancy Room	\$395.00
Single Occupancy Room	\$425.00
Total Enclosed:	\$ _____

Part-Time (2 consecutive nights/5 meals)	
2 nights double room	\$290.00
2 nights single room	\$320.00
<i>Circle lodging nights: Thursday/Friday or Friday/Saturday</i>	
1 night double room	\$200.00 (3 meals)
1 night single room	\$215.00 (3 meals)
Total Enclosed:	\$ _____
<i>Circle lodging night: Thursday Friday Saturday</i>	

Commuter Registration (meals are extra cost)			
Full Event \$150.00 _____	Single Day \$70.00 _____		
Meal cost:			
Breakfast	\$10.00/day X _____ = \$ _____		
Lunch	\$12.00/day X _____ = \$ _____		
Dinner	\$14.00/day X _____ = \$ _____		
<i>Circle Days and Meals Desired:</i>			
<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Dinner	Breakfast	Breakfast	Breakfast
	Lunch	Lunch	
	Dinner	Dinner	
TOTAL ENCLOSED \$ _____			

WORKSHOPS (Choose one for each time slot)

Workshop A (Name) _____

Workshop B (Name) _____

Workshop C (Name) _____

Workshop D (Name) _____

Options (Choose one for each day)

Friday: _____ Alternate: _____

Saturday: _____ Alternate: _____

NOTE: Choir and liturgical dance require 2 days in order to prepare for worship service

Make checks payable to: **PWSMASG**
(Registrations cannot be processed without full payment)

Mail this form with payment to: Theresa Underwood
PO Box 733
Buchanan, VA 24066

revised 3-24-2017

tundwood@aol.com or (540) 520-2610 after 5 p.m.