

2017 EFMLS Wildacres Registration

PLEASE, ONLY one person per form per session

For Office Use Only

ID # _____
Date Rec'd" _____
Amt. Paid: _____
Ck #: _____
Amt. Paid: _____
Ck #: _____
Paid in Full: _____

CHECK ONE: May 22 - 28: _____ Fall: September 4 - 10: _____

Please fill out a separate registration form for each person attending and return to SUZIE MILLIGAN, 931 Carmichael Rd; Owego, NY 13827-3320. **No registration will be accepted prior to January 1, 2017.** (To make it easier for the registrar and others, please do not change or revise this form. You September photo-copy it as needed.) Please write legibly!

Name (as you wish it to appear on your name badge): _____

Street: _____ City: _____ State: _____ Zip: _____

Telephone number with area code: _____ e-mail: _____

Club/Society Affiliation: _____

Fee for each session is \$410.00 per person. Deposit is \$205 per person, payable with registration.

Make checks payable to "EFMLS". Balance of fee is due 30 days prior to start of session. No postdated checks will be accepted.

Cancellation policy: If unable to attend, fees paid will be refunded if notification is given prior to one month before the session begins. No refund will be made after that date.

Circle appropriate responses:

Have you been to Wildacres before? Yes _____ No _____ Is your Club paying your tuition? Yes _____ No _____

Name of roommate: _____ (If none, one will be assigned).

Are you: Male _____ Female _____ (No single rooms are available). Are you a smoker? Yes _____ No _____
(No smoking is allowed in any building)

Do you have any physical handicaps and / or special dietary needs? Yes _____ No _____

If YES, please explain on reverse side.

Do you have a skill to demonstrate or a program to share (up to 40 minutes)? Yes _____ No _____

Class Pre-registration

See EFMLS Newsletter or Website (efmls-wildacres.org/) for class offerings.

You will either be able to take one 4-day class or two 2-day classes. All participants must take classes.

Which of the classes being offered would you like to take? **Please indicate at least 3 choices** in order of preference for each semester. You will be preregistered for classes based on your choices, but no class placement is guaranteed. Should your preferred class be unavailable for any reason you will be preregistered for another of your choices. If no alternate class preference is indicated we will pre-register you in a class of our choosing, based on availability.

1st Semester or 4 day classe choices

1 _____
2 _____
3 _____
4 _____

Second Semester

1 _____
2 _____
3 _____
4 _____

(No registrations accepted prior to January 1, 2017)

Mail to: Suzie Milligan, 931 Carmichael Rd; Owego, NY 13827-3320

If you have any questions, please contact either

Suzie Milligan, Registrar at <smilligan@stny.rr.com> or 607-687-5108 or

Pamm Bryant, Director at <pjbryant@juno.com> or 804-457-4698