

2011 East Coast Thing Registration Form

I am registering as:

___ An individual

___ A group / family (if group, number of individuals registering on this form):

Name of registrant(s):

Mailing address:

Street: _____

City: _____

State: _____ ZIP: _____

Phone: _____ / _____

E-Mail: _____

Registration confirmation will be sent via e-mail and snail mail.

Registration Fees:

Before June 1st 2011

2 night, 5 meal plan

Adults (18 and up) _____ x \$ 125.00

Children (6-17) _____ x \$ 125.00 (Free w/voucher#)

Children (6-14) _____ x \$ 60.00 (Free w/voucher#)

Children (under 6) _____ x FREE

3 night, 8 meal plan

Adults (18 and up) _____ x \$ 145.00

Children (15-17) _____ x \$ 145.00 (Free w/voucher#)

Children (6-14) _____ x \$ 65.00 (Free w/voucher#)

Children (under 6) _____ x FREE

4 night, 11 meal plan

Adults (18 and up) _____ x \$ 170.00

Children (15-17) _____ x \$ 170.00 (Free w/voucher#)

Children (6-14) _____ x \$ 75.00 (Free w/voucher#)

Children (under 6) _____ x FREE

After June 1st 2011

2 night, 5 meal plan

Adults (18 and up) _____ x \$ 140.00

Children (15-17) _____ x \$ 140.00 (Free w/voucher#)

Children (6-14) _____ x \$ 60.00 (Free w/voucher#)

Children (under 6) _____ x FREE

3 night, 8 meal plan

Adults (18 and up) _____ x \$ 160.00

Children (15-17) _____ x \$ 160.00 (Free w/voucher#)

Children (6-14) _____ x \$ 65.00 (Free w/voucher#)

Children (under 6) _____ x FREE

4 night, 11 meal plan

Adults (18 and up) _____ x \$ 185.00

Children (15-17) _____ x \$ 185.00 (Free w/voucher#)

Children (6-14) _____ x \$ 75.00 (Free w/voucher#)

Children (under 6) _____ x FREE

Please contact us to ensure there are enough free "under 18" vouchers available before sending in your registration! Contact eastcoastthing@gmail.com.

Total registration fees: \$ _____

Signature of registrant: _____ Date _____

REGISTRATIONS MUST BE IN BY AUGUST 10th, 2011! There can be no refunds after this date. No late registrations will be considered. Please make checks payable to Raven Kindred North and send with a signed waiver for every attendee to:

Sandra Carron
198 Goding Road
Lebanon, ME 04027

Accommodations: Please let us know what kind of accommodations you will need (cabin or tent) and if there are any special needs we need to take into consideration:

Group/Kindred name (if you would like to be in same cabin): _____

Volunteers: We will need volunteers to help staff the following areas:

First Aid _____

Registration/Command Post _____

Kid's Activities _____

Viking Games _____

Other _____

Classes/Workshops:

___ I/we would like to teach a class or workshop.

Name of teacher(s): _____

Subject(s): _____

Time needed: _____

Location preferred: _____

Synopsis of Class: _____

(Continue on a different sheet if more room is needed. All classes may not be accommodated due to schedule constraints, so please be sure to get your class descriptions in as early as possible)

Merchants:

___ I/we would like to have merchant space (no charge!).

Name of merchant: _____

Goods offered: _____

Link to website: _____