

STAR HAMPSHIRE REGISTRATION FORM & INFORMATION

For each person, PLEASE PRINT CLEARLY and indicate gender, date of birth, and diet preference. Note whether you have been to Star Island before (old shoaler) or not (new shoaler) and note how many lobsters you would like reserved for each person. (You will pay "market rate" at the hotel, approx. \$12 per lobster in the past). If a couple or group, use the contact address for Name #1. Write in additional contact information as needed.

NAME	Gender	Date of Birth	O = Omnivore; V = Vegetarian Diet(circle)	Shoaler	Lobster?
Name 1: _____	M F	_____	O V	New Old	___
Name 2: _____	M F	_____	O V	New Old	___
Name 3: _____	M F	_____	O V	New Old	___
Address: _____	Home Phone: _____				
_____	Work Phone: _____				
E-Mail: _____	Cell phone: _____				

ACCOMMODATION PREFERENCE

Circle one selection below. We will try to fulfill your request. There are a limited number of rooms available with double beds; register early to improve your chances if that's what you want. Despite an increase in Star Island fees, we have kept the cost of the total weekend the same as in 2007. The figures quoted below include room, board, and program. Ferry travel (\$41) and parking at the ferry lot (\$10/day) are additional and will be added to your bill, payable at the hotel on Star Island.

Double room with double bed - \$290 per person (triples, \$14 less per person)

Double room with twin beds - \$290 per person (triples, \$14 less per person)

Single room - \$355 per person

Motel doubles (private toilet) - \$318 per person

Preferred Roommate if not on this registration sheet: _____

How did you find out about Star Hampshire? _____

___ Check here if you do **not** want to be included on the roster distributed to participants.

STAR ISLAND CORPORATION MEDICAL INFORMATION – Please read carefully!

The Dement Building is equipped for basic first aid treatment. The Star Island Corporation assumes no liability for accidents, illness or their treatment. Individuals with medical conditions should consult their physicians before planning a visit to this remote rocky island. For your protection, please list any health condition which would help us to provide proper care in an emergency. Include names, specific medical conditions, allergies, continuing medication, etc. Although we have limited facilities for mobility impaired individuals, most sleeping quarters and conference meeting rooms are reached via stairs or rocky paths. Therefore, it will be necessary for a conferee to be able to, with assistance, negotiate rough terrain. Pregnant women should seek the advice of their physician. If in the final two weeks of pregnancy, our medical consultant urges you to delay coming to Star until next year. Any person under 18 attending a conference without a parent or legal guardian is required to have a Minor Medical Release Form completed, signed by a parent or legal guardian and returned to the conference registrar before your application can be accepted. Star Island is private property, owned and operated by the Star Island Corporation, and dedicated to religious and educational activities. Island conferences, as well as guests and day visitors, come to the island under a revocable license from the Star Island Corporation. This license can be revoked at any time if, in the sole discretion of those in charge of island operations, such action is deemed necessary because of behavior which causes disruption of a meeting or creates a threat to the health and safety of others or causes damage to island property. Please note any chronic medical conditions.

*** REQUIRED MEDICAL INFORMATION ACCEPTANCE SIGNATURE(S) ***

SIGNATURE #1 _____ DATE _____

SIGNATURE #2 _____ DATE _____

SIGNATURE #3 _____ DATE _____

IN AN EMERGENCY NOTIFY _____ RELATIONSHIP _____

Day Phone _____ Night phone _____ Cell phone _____

Do you have any medical conditions that may be relevant? Yes No (circle one)

If so, indicate conditions on reverse side of this sheet.

