

STAR HAMPSHIRE REGISTRATION FORM & INFORMATION

- ▶ You may (1) fill this out by hand (please *PRINT CLEARLY*); or (2) type in your answers on your computer. Please complete *ALL* sections. Please return it *BY MAIL* to the address at the bottom of the second page.
- ▶ *MACINTOSH USERS*: If you fill this out electronically, please use Adobe Reader (get.adobe.com/reader/), *not* Preview which comes with the Mac: there is a compatibility problem which will cause your data to be lost.
- ▶ Old Shoalers have been to Star Island before, and New Shoalers are first-timers on Star.
- ▶ Couples/Groups, please provide additional contact information if applicable, including your emergency notification information. (Use reverse if needed.)
- ▶ Write your *first name* as you want it on your name tag. Please indicate if you do/don't want your *contact info* on the roster.

<i>NAME</i>	<i>Gender</i>	<i>Date of Birth</i>	<i>Diet(circle)</i>	<i>Shoaler</i>	<i># of Lobsters</i>
O = Omnivore; V = Vegetarian					
Name 1: _____	M <input type="checkbox"/> F <input type="checkbox"/>	DOB: _____	O <input type="checkbox"/> V <input type="checkbox"/>	New <input type="checkbox"/> Old <input type="checkbox"/>	# _____
Address: _____		Home phone: _____			
_____		Cell phone: _____			
Contact info on roster?	Y <input type="checkbox"/> N <input type="checkbox"/>	E-Mail: _____			
Name 2: _____	M <input type="checkbox"/> F <input type="checkbox"/>	DOB: _____	O <input type="checkbox"/> V <input type="checkbox"/>	New <input type="checkbox"/> Old <input type="checkbox"/>	# _____
Contact info on roster?	Y <input type="checkbox"/> N <input type="checkbox"/>	E-Mail: _____			
Name 3: _____	M <input type="checkbox"/> F <input type="checkbox"/>	DOB: _____	O <input type="checkbox"/> V <input type="checkbox"/>	New <input type="checkbox"/> Old <input type="checkbox"/>	# _____
Contact info on roster?	Y <input type="checkbox"/> N <input type="checkbox"/>	E-Mail: _____			

ACCOMMODATION PREFERENCE (We'll do our best!)

Circle one option below. Register early if you want a Double Bed or Motel Double- they're limited!

- | | |
|---|---|
| <input type="checkbox"/> Double with Double Bed - \$350* per person | <input type="checkbox"/> Triple - \$335* per person |
| <input type="checkbox"/> Double with Twin Beds - \$350* per person | <input type="checkbox"/> Single - \$415* per person |
| <input type="checkbox"/> Motel Doubles (private toilet) - \$378* per person | Rates for children/youth at <starisland.org> |

★ **These figures include room, board, program AND Ferry travel.** (Parking at the ferry lot (\$30 for 3 days), and optional lobster (market rate) are additional and will be added to your bill, payable at the hotel on Star Island.)

Preferred Roommate(s) if not on this registration sheet _____

How did you find out about Star Hampshire? _____

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 _____

Phone # _____ Second Phone # _____

Do you have any medical conditions that may be relevant?

Yes No

★ If Yes, indicate conditions on reverse side of this sheet.

