

SEABECK REGISTRATION

September 23 through 25, 2011

Annual Autumn Weekend Retreat on Hood Canal

Fees include: Two nights group accommodations with bedding, sheets and towels furnished.
Five meals fully prepared and served family-style in the Inn Dining Hall.

REGISTRATION POLICIES

Seabeck Conference Center requires us to pay in full for 90% of our reservations in August. To ensure that this retreat remains self-supporting, the following registration and cancellation policies have been established:

1) A deposit of at least 20% of the total registration fee for individuals, families, or groups is required to reserve space at the retreat. NOTE THE FOLLOWING POLICY: **Full payment** is due no later than **Sunday, September 4, 2011**. All reservations not paid in full on or before that date will be cancelled, deposits forfeited, and the reserved space filled from the waiting list.

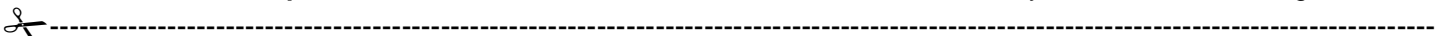
2) The waiting list will be made up **only** of registrations that are accompanied by a deposit and stamped as received in the EUUC office. Priority on the waiting list will be determined by the time of the office stamp. Telephone or email contact will not create a reservation or a place on the waiting list.

3) Anyone who cancels their reservation by August 15th will receive a full refund of all payments,

4) Anyone who cancels their reservation after August 15th will forfeit the deposit and receive a refund only if someone on the waiting list is able to replace them at the retreat.

Every effort will be made to honor room requests, but the Committee reserves the right to make final decisions as necessary to accommodate all attendees. Room assignments cannot be guaranteed.

For questions, contact: Seabeck Committee Chair: Vicki Curry at seabeck@euuc.org



Adults (last name first): _____

Children (with ages): _____

Address: _____ email _____

phone _____

City _____ State _____ Zip _____

Each family is asked to contribute time with their child(ren)'s program on Saturday morning.

Seabeck can accommodate most special diets, but must know about them **before your arrival**.

Please circle your preference:

Special dietary needs: (how many)

9:20 to 10:40 10:30 to 11:50

Vegetarian: ___ **Diabetic:** ___ **No dairy:** ___ **No Wheat:** ___

___ I / we'd like to request financial assistance

Other: _____

| | All rooms | Building preference (if known) | TOTALS |
|---|-------------|-----------------------------------|--------|
| Adults over 18 yrs. | @\$130 = \$ | | \$ |
| Youth (12 to 18) | @\$85 = \$ | | \$ |
| Children (3 to 11) | @\$48 = \$ | | \$ |
| Children under 3 | Free | | |
| Late fee (per adult) after Aug. 15: \$10 ea. | | | \$ |
| Total Due | | | \$ |
| Payment or deposit (minimum 20%) | | | \$ |
| (Balance due by Sunday, Sep. 4) | | | \$ |
| Additional contribution to help others attend Seabeck | | | \$ |

Please send checks to: EUUC (memo: Seabeck), 8109 224th St. SW, Edmonds, WA 98026-8247.