



2020 EFMLS Wildacres Registration

PLEASE, ONLY one person per form per session

CHECK ONE: **Spring: May 18 - 24** _____ **Fall: August 24 - 30** _____

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, 2020.** (To make it easier for the Registrar and others, please do not change or revise this form. You may photocopy it as needed.) **Please print legibly!**

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

| For Office Use Only | |
|---------------------|-------|
| ID # | _____ |
| Date Rec'd" | _____ |
| Amt. Paid: | _____ |
| Ck #: | _____ |
| Amt. Paid: | _____ |
| Ck #: | _____ |
| Paid in Full: | _____ |

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

Best phone number with area code: (____) _____ e-mail: _____

Society/Organization Affiliation: _____

Fee for each session is \$435.00 per person. Deposit is \$220 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.

Check appropriate responses:

Have you been to Wildacres before? Yes ___ No ___ Is your Society 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 a separate sheet or email Suzie (see addresses below).

Do you have any sleep issues (i.e. snoring, apnea, C-PAP, etc.)? Yes ___ No ___

Class Pre-Registration

See EFMLS Newsletter or Website (efmls.org/wildacres) 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 pre-registered for classes based on your choices, but no class placement is guaranteed. Classes are assigned on a first received, first served basis. Should your preferred class be unavailable for any reason you will be pre-registered 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 class choices

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Second Semester

- 1 _____
- 2 _____
- 3 _____
- 4 _____

(No Registrations accepted prior to January 1, 2020)

Mail Registration 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 pjbryant6@juno.com or 804-457-4698