



# 2020 EFMLS Wildacres Registration

**PLEASE, ONLY one person, per form, per Spring or Fall 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!**

**\*\*NOTE: Each Session (Spring/Fall) contain two semesters, Semester 1 & Semester 2\*\***

**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: \_\_\_\_\_

EFMLS Affiliate Member Society: \_\_\_\_\_

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 to either, please explain on the back of this form.**

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](http://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.**

### Semester 1 -or 4 day class choices

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

### Semester 2

- 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](mailto:smilligan@stny.rr.com) or 607-687-5108 or

Pamm Bryant, Director at [pjbryant6@juno.com](mailto:pjbryant6@juno.com) or 804-457-4698