

Ferry Beach Park Association 2012 Conference Registration Form

Conference Name: _____ Please use one form for each conference.

Arrival Date: ____/____/____ **Departure Date:** ____/____/____

Name(s)	M/F	D.O.B.	Workshop	Dietary Needs <small>Please specify allergies on the other side of this form.</small>	Conference Fee
		/ /		<input type="checkbox"/> Unrestricted <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Food Allergies	
		/ /		<input type="checkbox"/> Unrestricted <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Food Allergies	
		/ /		<input type="checkbox"/> Unrestricted <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Food Allergies	
		/ /		<input type="checkbox"/> Unrestricted <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Food Allergies	

Accommodations Requests are honored when possible, in the order received. We reserve the right to change your accommodations.

<input type="checkbox"/> Dorm Please indicate preference. Full Meals. <input type="checkbox"/> Quillen <input type="checkbox"/> Underwood <input type="checkbox"/> Rowland Amenities: _____ Sets of Linens (\$15 per set) Room Request: _____ Roommate Request: _____ Accommodations Notes: _____	<input type="checkbox"/> Grove Meal Plan _____ <input type="checkbox"/> Tent <input type="checkbox"/> Pop-Up <input type="checkbox"/> Trailer <input type="checkbox"/> Motor Home Equipment Dimensions L: _____ W: _____ Site Request: _____	<input type="checkbox"/> Off Campus Meal Plan: _____
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I need Ferry Beach to provide transportation. Pick-up and drop-off times are between 9:00 am and 9:00 pm.

Arrival Date: ____/____/____ Time: ____:____ am/pm Airline/Carrier: _____ Flight # _____

Departure Date: ____/____/____ Time: ____:____ am/pm Airline/Carrier: _____ Flight # _____

Select Location of Pick-Up/Drop-Off

- | | |
|--|---|
| <input type="checkbox"/> OOB Train Station
<input type="checkbox"/> Saco Train Station
<input type="checkbox"/> Portland Int. Jetport
<input type="checkbox"/> Portland Trans. Center
<input type="checkbox"/> Greyhound Bus Terminal (Portland) | Transportation Notes: _____

_____ |
|--|---|

Contact Information

Is this information new? Y N

Name: _____ E-Mail: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

H:(_____) _____ W:(_____) _____ C:(_____) _____

Are you a UU? Y N Congregation: _____

I'm new to Ferry Beach I'm new to the conference

If this is your first time, how did you hear about us? _____

Payment

Minimum \$100 per person per conference is required to register.
Pay in full by March 31 to receive a 5% early registration discount.

Conference Fee Total \$ _____
 Additional Days (call for pricing) \$ _____
 Transportation to/from Saco or OOB
 ___ # of Passengers x ___ # of Trips x \$10 \$ _____
 Transportation to/from Portland
 ___ # of Passengers x ___ # of Trips x \$20 \$ _____
 Linens ___ # of Sets x \$15 \$ _____
 Materials Fee for RE Week Renaissance Module
 ___ # of Participants x \$25 \$ _____

Pay in full For Registration: \$ _____
 Pay in full by March 31, subtract 5%: —\$ _____

OR Deposit Due ___ # of Guests x \$100: \$ _____

Annual Memberships: _____ x \$50: \$ _____

Life Memberships: _____ x \$1,000: \$ _____

Additional Donation: \$ _____

Grand Total: \$ _____

Payment Method

Total Payment: \$ _____

- Check Enclosed (preferred method)
 Money Order Enclosed
 Call me during business hours to complete registration with a credit card.

Phone: _____

Mail this form and payment to

Ferry Beach Park Association
 5 Morris Avenue, Saco, ME 04072

Or Fax to (207) 283-4465

Or Call to Register

(207) 282-4489 Jan 3 to Jun 13
 (207) 284-8612 Jun 13 to Sep 5

Or Register Online at

www.ferrybeach.org/registration.html

Cancellation Policy : More than 2 weeks prior to your scheduled visit, the \$100 per person deposit (or full payment received) will be refunded less a \$50 processing fee. Within 2 weeks prior to your scheduled visit, the \$100 per person deposit will be withheld; all other monies will be refunded. Once the scheduled visit period begins refunds will not be made.

Food Allergies

Indicate food allergies below. We will do our best to accommodate your needs. If you would like to supplement our menu choices, you may bring your own food items. We have limited refrigeration space and a microwave oven available for your use. Introduce yourself to our Food Service Director, Richard O'Brien, or his designee at 1:00-1:30 pm on Sunday. Inform your "waitrons" of your allergies at all meals.

Food Allergen Information

Pangea Food Service and Ferry Beach Park Association make every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our food production and dining room staff on the severity of food allergies. In addition, we label items with possible allergen-containing ingredients; however, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time without notice. Customers concerned with food allergies need to be aware of this risk. Pangea Food Service and Ferry Beach Park Association will not assume any liability for adverse reactions to foods consumed or items one may come in contact with while eating at Ferry Beach Park Association. Guests with food allergies are encouraged to contact Richard O'Brien (207) 284-2160 fbmeals@yourmainecaterer.com for additional information and/or support.

Name	Food Allergies