

Registration Form - SisterSpace Weekend 2019

All mailed registrations must be postmarked by the end date of the category in order to qualify.

1. Fill out one form for up to 2 adult women and accompanying children. You must be requesting lodging together and will receive all registration materials at the same address.
2. Include the ages of each child or adolescent on the form. All children and adolescents under age 18 must be accompanied by an adult.
3. Please PRINT LEGIBLY and COMPLETE ALL ITEMS. Thank you.
4. If you want to be in the same cabin (even if it's just the two of you), identify yourself with a group name. Please ensure all women within the group use the same group name and choose the same lodging preference!

Adult #1: _____
(Last) (First)

Adult #2: _____
(Last) (First)

Child #1: _____
(Last) (First) (Age)

Child #2: _____
(Last) (First) (Age)

Child #3: _____
(Last) (First) (Age)

Street: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

(For questions, comments and updates about your Weekend registration only. We do not share our email list with third parties!)

Check Here to be included on SisterSpace's email newsletter list.
(If you check this box, please be sure to provide you email address! You can also join the list at www.sisterspace.org)

Lodging Preference* (circle ONE: Tenting, Cabin or RV)

Tenting

Tenting areas are General, Quiet, Rowdy or Chem-Free. If you choose to tent, our registration staff will guide you to your desired area upon arrival.

Cabin (Choose one:)


- | | |
|---|--|
| <input type="checkbox"/> Quiet (Quiet after 11 pm) | <input type="checkbox"/> Wheelchair Accessible |
| <input type="checkbox"/> Family (with Children) | <input type="checkbox"/> Rowdy (party all night) |
| <input type="checkbox"/> General (Quiet after 1 am) | <input type="checkbox"/> Chem-Free |

Group/Family Name:** _____

RV Space is limited! Pre-approval required. No hookups!

*We will make every effort to place you in the type of lodging you prefer.

**Please ensure that ALL women within the group use the same group name and choose the same lodging preference!

ASL: if you need American Sign Language interpretation, please check the box to the left. 

For Office Use Only:

Amount Paid: \$ _____ Amount Owed: \$ _____
 Pay Method: _____ Initial: _____ Postmark/Paid Date _____

**UNITED WAY OF SOUTHEASTERN PENNSYLVANIA -
 AGENCY CODE 10890**

Adult Fee Schedule - circle your fee category

All fees are PER PERSON

All adult fees include a \$50 refundable Workshift Deposit
(see website for more information about workshifts)

REFUNDS: You may request a refund up until the August 15th refund deadline. Only 50% of your registration fee (excluding your \$50 workshift deposit, which is 100% refundable) is eligible for refund. **No refunds will be issued after August 15th. NO EXCEPTIONS.**

| Gross Income <small>(before taxes):</small> | EARLY BIRD Apr 16 - June 15 | | REGULAR June 16 - Aug 15 | |
|---|--------------------------------|--------------|---|--------------|
| | <i>Tenting</i> | <i>Cabin</i> | <i>Tenting</i> | <i>Cabin</i> |
| Over \$65,000 | \$370 | \$395 | \$390 | \$425 |
| \$30,000 - \$65,000 | \$315 | \$340 | \$335 | \$370 |
| under \$30,000 | \$270 | \$295 | \$290 | \$325 |
| AFTER AUG 20, 2018 Gate Registration (call before coming) | \$420 | \$455 | Regular registration by mail MUST be postmarked by Aug 15. Online registration for Regular Rates will remain open until Aug 20. | |

Fees Paid:

SENIOR (65+)/STUDENT DISCOUNT

Instructions: Find the applicable rate in the table above and subtract \$20 to produce the Adult Fee you should pay. Please attach a photocopy of your Student ID or Driver's License (or other ID showing age). Be prepared to produce these credentials at Registration.

Adult #1 Fee (see schedule above): _____

Adult #2 Fee (see schedule above): _____

Infants (up to 2 years): no fee

Total children & adolescents fee
(\$60 each, Females 2-17, Males 2-7): _____x\$60 _____

Children's Workshift Fee _____x\$30
(\$30 each, age 16 and 17): _____

Send-A-Sister Fund Contribution: _____

Total Amount Enclosed: _____

Make check payable to SisterSpace of the Delaware Valley

RELEASE: I hereby release SisterSpace of the Delaware Valley, Core Committee, and Ramblewood, Inc. from any and all liability arising from my participation in the Weekend. I have read and understand the Weekend Refund policy.

Signature #1 _____ Date _____

Signature #2 _____ Date _____

Each registrant MUST sign a form (guardian if registrant is under 18)

**Mail completed Form and Payment to:
 SisterSpace of the Delaware Valley
 PO Box 22476, Philadelphia, PA 19110**

SISTERSPACE OF THE DELAWARE VALLEY

PO Box 22476, Philadelphia, PA 19110 www.sisterspace.org 888.294.1110 info@sisterspace.org