

UUMAC 2009 REGISTRATION FORM

Before entering these codes, read **NEW INSTRUCTIONS** below

Line No.	Names of those registering on this form	Date of Birth	Room Codes		Suite-mates	Workshop		Off-Site Activities				School Grade Fall '09			Fees			
			1	2 3		1st	2nd	M	T	W	F	Regis-	Single	Activi-	Totals			
1																		
2																		
3																		
4																		
5																		
6																		

Mailing Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone Number (): _____ Email Address: _____ Church Affiliation: _____	(Optional) Donation to Scholarship Fund Discount for newcomers \$10 per person \$50 Late Fee (postmarked after June 12) Total Due Amount Enclosed Balance Due
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Member? Yes ___ No ___

Power of Attorney (POA) Any minor not accompanied by own parent or legal guardian will need a signed, notarized Power of Attorney form designating an adult attendee to act as legal guardian during UUMAC. Please send a completed Power of Attorney form with registration form. If Power of Attorney form is needed, *contact the registrar or download one from www.uumac.org.*

Workshop Selection for Adults and Youth (1st and 2nd choice)
 Enter two workshop numbers (1st & 2nd choice), selected from pages 3-5 of this brochure, or C=Children's Program (infants - grade 8). Enter workshop numbers - not title. If you do not want to choose a workshop, please mark with an X (does not apply to teachers or workshop leaders).

Off-Site Activities
 Enter the activity number (p. 6). Note that some of the activities require advance payment with this form. Enter the total amount under Activity Fees, only for those

REFUNDS CANNOT BE GUARANTEED
AFTER JUNE 12, 2009
MAKE CHECKS OR MONEY ORDER PAYABLE TO UUMAC
AND SEND WITH THIS FORM TO REGISTRAR:
 Josie Dubsky
 903 Winchester Drive
 Westminster MD 21157
 (410) 386-9858

INSTRUCTIONS

- Accommodations:
 S - Single, add \$126 in Fees section
 D - Double room
 P - Third person in room (Child)
 C - Commuting, day registration
 (Contact Registrar for fee schedule.)
 Special Location preference, if any:
 G - Ground Floor
 T - Youth (Grades 9 - 12)
 YA - Young Adult
 HC - Handicapped Accessible
- Smoker? (Not allowed in rooms):
 N - Non-smoker
 X - Smoker

Roommates
 Enter the line numbers (from the first column above) of your roommate preference, if desired, or we will choose one for you. If single room, leave blank.

Suite-mates
 Enter the line numbers (from the first column above) of your suite-mate preference. Their room shares a bathroom with yours.

Please fill out second side of this form.

Registration Fees for UUMAC 2009		Regular Rate
Age	Early Bird Rate	Paid in full by June 12, 2009
	50% deposit due by May 19, 2009 balance due by June 12, 2009	
Adult	\$525	\$557
14 - 17	\$472	\$498
10 - 13	420	\$441
5 - 9	\$320	\$336
4 and under w/	\$200	\$210
4 and under w/o	Free	Free
Single Room Fee Add \$126		
Late Fee for registrations not paid in full by June 3, 2009 Add \$50 per Application		
For commuter or partial stay rates, call the registrar.		

Use this space to indicate the address of any registrants not living at the address on the reverse side of this form.

Name	Address	City	State	Zip	Phone

OPTIONAL: Use this space to indicate e-mail address of any registrants not using the one on the reverse side of this form.

Name	E-mail Address	Announce List? Y or N	Name	E-mail address	Announce List? Y or N

Would you like to be contacted regarding special needs? _____ What is the best time to reach you? _____ A.M. _____ P.M.

A limited number of refrigerators are available from the university. If you need a refrigerator for medication, child care, or special needs, please contact the registrar.

Note to staff members, workshop leaders, teachers: Please send in your registration form by May 12, 2009, to take advantage of any special rates. Regular rates will apply after that date.

Photo Release

_____ I give permission to UUMAC to use my (and/or family members') picture or likeness in printed media or other forms of publication.

Print Name: _____

Signature: _____ Date: _____

Print parent's Name if under 18: _____

Parent's Signature: _____ Date: _____

_____ I do not want my picture or likeness nor that of my family members to be used in printed media or other forms of publication..

UUMAC Announce List Authorization

The UUMAC-Announce list is used to inform the UUMAC registrants about announcements regarding the UUMAC 09experience. We need your permission to add your name to the list. Please initial.

____ Please add my email address to the UUMAC- Announce list.

____ Do not add my email address to the UUMAC Announce List.

Emergency Contact: In case of an emergency, such as an injury to your child or yourself while you are at UUMAC, please indicate the person and cell phone number of someone to contact: _____

Contact 1 name and # _____

Contact 2 name and # _____