

**NYYM Summer Sessions Registration for One Adult**  
Silver Bay YMCA, Silver Bay, NY July 17-23, 2011

*BEFORE July 11 return to: NYYM, 15 Rutherford Place, New York NY 10003*  
*AFTER July 11 send to: Silver Bay YMCA of the Adirondacks, 87 Silver Bay Rd.,*  
*Silver Bay NY 12874; 518-543-8833*

**PLEASE PRINT**

Name \_\_\_\_\_ Meeting \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

*July address, phone, if other than above: Address \_\_\_\_\_*

*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_*

Arrival day & date \_\_\_\_\_ Departure day & date \_\_\_\_\_

Fee enclosed (see fee chart) \$ \_\_\_\_\_

Donation to Equalization Fund (tax deductible) \$ \_\_\_\_\_

**Check all that apply:**

**Worship Groups (check only one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Circle of Young Friends (ages 18-35) | <input type="checkbox"/> Adults with young children                    |
| <input type="checkbox"/> First time at Summer Sessions        | <input type="checkbox"/> Earthcare <input type="checkbox"/> General    |
| <input type="checkbox"/> JYM volunteer                        | <input type="checkbox"/> Lesbian, gay, bisexual, transgendered         |
| <input type="checkbox"/> Vegetarian                           | <input type="checkbox"/> Men's <input type="checkbox"/> Racial Healing |
| <input type="checkbox"/> Do not list me as attending          | <input type="checkbox"/> Unprogrammed <input type="checkbox"/> Women's |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | <b>ALSO...</b> <input type="checkbox"/> Afternoon (Tues. & Thurs.)     |

**Special needs:**  hearing     seeing     walking     other: \_\_\_\_\_

**I will volunteer for:**     Golf cart driver       Microphone carrier

Assisting Friends with special needs     AM Childcare       Healing Center

**Silver Bay YMCA Housing:**

I prefer the same room assignment as last year

First choice \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Second choice \_\_\_\_\_ Rate: \$ \_\_\_\_\_

If neither is available, **location** is more important

If neither is available, **price** is more important

Please assign me a roommate \_\_\_\_\_

Name of spouse/child/other roommate \_\_\_\_\_

I will sponsor/cluster with \_\_\_\_\_

I want information about on-campus camping

**I will stay off-campus at (name/address)** \_\_\_\_\_

All meals    Only these meals: \_\_\_\_\_

**Application to NYYM for financial assistance (due 6/24/11)**

Source of funds:      Private      \$ \_\_\_\_\_

Provided by monthly/regional meeting      \$ \_\_\_\_\_

Requested from Equalization Fund\*      \$ \_\_\_\_\_

*\*letter from monthly meeting clerk recommended*

**By submitting this form, I acknowledge that I have read the NYYM agreements.**