

The Small Print

Participants are asked to observe conduct appropriate to Friends' principles. We hope that Friends will take care that their personal behavior is bound by a respect for the sensitivities of others at this retreat and in the host environment, and to remember that our individual actions reflect not only on ourselves, but also on the Religious Society of Friends.

As a general rule, we work by consensus. We believe that it is an important aspect of Quakerism that must be a part of our work together. Accordingly, we typically have one Meeting for Business on the first night of the retreat to set the guidelines for the retreat, and then again on the last day to begin planning for the next retreat.

DATE: October 20-22, 2006
LOCATION: Pittsburgh Meetinghouse, 4836 Ellsworth Ave, Pittsburgh, PA, 15213

Friends will carpool together from Ann Arbor meeting. You are encouraged to carpool with folks near you. More details will be available soon. Contact Kri with any questions.

FEES: \$40 - (Scholarship funds are available on an individual basis, Contact Kri Burkander for more information – 734-652-5782 or kri_noel@yahoo.com)

WHAT TO BRING:

Sleeping Bag, pillow
Toiletries
Comfortable clothes
Journal
Any medications, etc.

WHAT TO LEAVE AT HOME:

Pets
Illegal Drugs
Alcohol
Weapons
Any idea of sexual activity

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Fill out this form and mail to: Kri Burkander, 1416 Hill Street, Ann Arbor, MI 48104, as soon as possible, **but no later than September 30th**. If time is short, you may fax to 734-747-9994 with a cover sheet, but you must bring the original to the retreat. Make checks payable to Lake Erie Yearly Meeting.

name _____ grade _____ birthdate _____ / _____ / _____
address _____
email address: _____
phone (_____) _____ meeting _____ vegetarian? _____ vegan? _____
allergies/medications _____
family doctor _____ phone# (_____) _____
medical insurance co _____ policy# _____
in whose name _____

I give permission for my Young Friend to participate in the LEYM Young Friends retreat October 20-22, 2006. I release Lake Erie Yearly Meeting, staff and volunteers, from liability for any injury or illness that my Young Friend may sustain during this retreat. In the event of an emergency, I authorize an adult leader to consent to any examination, diagnosis, treatment or hospital care advised and supervised by a licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible in such a case.

Signed: _____ tel # during the weekend: _____
(signature of parent or guardian, or self if 18 or over)

Alternate contact and tel #: _____