

Household Last Name: (For alphabetical sorting)	Address: _____ Street _____ _____ City, State, Zip _____ Home Phone	Emergency Contact Information: Registration is not complete without the name and phone number of someone (not on Star Island) whom we can contact in an emergency. _____ Name _____ Relationship to you _____ Phone Number
Conference: (Specify segment if applicable—e.g. weekend, 4–night/7–night)		

Enter Each Registrant Below (use additional sheets as necessary):

Room Type Guide: ❶ Single ❷ Double (twin beds) ❸ Double with Double Bed ❹ Motel Double (ensuite toilet & sink) ❺ DoubleOccupancy Room —do not assign motel ❻ Triple

Requests are honored when possible. “Single” and “Double” refer to occupancy, not the bed configuration in the room. List the number of your 1st and 2nd preference.

NAME (LAST, FIRST, MI)		NAMETAG / NICKNAME		BIRTHDATE		GENDER (OPTIONAL)	
PERSONAL EMAIL		PERSONAL PHONE		PROFESSION / AVOCATION / GRADE (FALL '11)			
<input type="checkbox"/> New to Conference	<input type="checkbox"/> Interested in helping a new Shoaler	<input type="checkbox"/> Regular Menu	Room Type (Required)	<input type="checkbox"/> 1st Floor Room Needed	Additional Needs / Roommate Preference		
<input type="checkbox"/> New to Island		<input type="checkbox"/> Veg. Menu					

NAME (LAST, FIRST, MI)		NAMETAG / NICKNAME		RELATIONSHIP TO PRIMARY		BIRTHDATE		GENDER (OPTIONAL)	
PERSONAL EMAIL		PERSONAL PHONE		PROFESSION / AVOCATION / GRADE (FALL '11)					
<input type="checkbox"/> New to Conference	<input type="checkbox"/> Interested in helping a new Shoaler	<input type="checkbox"/> Regular Menu	Room Type (Required)	<input type="checkbox"/> 1st Floor Room Needed	Additional Needs / Roommate Preference				
<input type="checkbox"/> New to Island		<input type="checkbox"/> Veg. Menu							

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<input type="checkbox"/> New to Island		<input type="checkbox"/> Veg. Menu							

FOR REGISTRAR USE ONLY:

DATE RECEIVED

DATE ACCEPTED

DATE CANCELLED

WAITING LIST

HOUSING PREFERENCES

If you need accommodations on a first floor or near a rest room, or require an electrical outlet for a medical device, please indicate such in the "Roommate Preference/Add'l Needs" column of the registration form. Parents should designate which children/youth may or may not share a room with each other or with their parents. Please state when adjacent or connecting rooms are desired. We'll make every attempt to honor room preferences. We bill according to the accommodations assigned and occupied, regardless of housing requested, with a few exceptions.

Are you a member of a church or other religious congregation? Yes No
If so, name of congregation: _____
City and State: _____
Denomination:
 Unitarian Universalist United Church of Christ
 Other (please specify): _____

FOR PELICAN REUNION REGISTRANTS

Name(s) of Pelicans registering:

Name(s) when you were a Pelican:

Years and Crews Worked:

MEDICAL INFORMATION

The Star Island Corporation assumes no liability for accidents, illnesses, or their treatment. Our first aid station is equipped only for basic treatment in an emergency, and may not be staffed at all times. Star Island is a remote location with extremely limited capacity to respond to medical emergencies. Evacuation of individuals experiencing significant health issues ranges from one hour (in ideal conditions) to many hours. The Star Island Corporation strongly recommends not participating in a conference if you experience any medical condition which might reasonably require emergency medical response. Due to operational costs, conferees who knowingly come to the island with any of the above conditions and then require emergency medical evacuation will be charged for the full conference period.

Special Health Conditions

If someone has a condition that affects walking ability, the conference registrar or chairperson must be informed in advance in order to assist in accommodations.

On a separate sheet of paper, please supply information concerning any health condition which might affect the participation of anyone listed on this form in conference programs and/or which would help us to provide proper care in case of an emergency. Include names, specific medical conditions, allergies, continuing medication, electrical needs for medical equipment, etc.

Medications

The first aid station does not maintain an inventory of prescription medications. Everyone must bring enough of any needed medicine to cover the length of the stay. We recommend an extra four days worth as a precaution.

Minors

Any person under eighteen attending without a parent or legal guardian is required to submit a completed Minor Medical Release Form to the conference registrar before your application can be accepted. This form may be downloaded from www.starisland.org.

REGISTRATION CHECKLIST

Complete the registration form.

Be sure to include your email address, as conference information will be communicated via email (please include a SASE (\$0.78) with registration only if you do not have email access.).

Write ONE CHECK totaling the **Room & Board Deposit** and the **Conference Programming Fee**. Make the check out as instructed in the conference description.

The Room and Board Deposit is \$75/person 6 yrs and older for conferences four or fewer nights, \$150/person 6 yrs and older for all other conferences.

Conference Programming Fee is listed with the conference description.

Include minor medical release form if necessary.

Mail your check and form to the conference registrar.

Contact information is listed in the conference description.

Sign below that you understand the information provided.

Signature

Date

Each conference sets its own registration policy and acceptance criteria. For most conferences, registrations received before March 10 will be given priority. Regardless of the date, contact the conference registrar – even if you think it's too late. There's always room for you on Star Island. If the conference you've registered for is full, try another!