

<b>Conference:</b> (Specify segment if applicable—e.g. 4–night/7–night)	<b>Address:</b>  _____ Street _____ _____ City, State, Zip _____ Phone	<b>Emergency Contact Information:</b> 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
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**Enter Each Registrant Below (use additional sheets as necessary):**

**Room Type Guide:**      **①** Single occupancy      **②** Double occupancy (twin beds)      **③** Double occupancy with Double Bed      **④** Motel Double (ensuite toilet & sink)      **⑤** Triple

Requests are honored when possible. 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 '12)			
<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"/> Ground Floor Room Needed	Additional Needs / Roommate Preference		<input type="checkbox"/> Electrical Outlet Needed. Reason:
<input type="checkbox"/> New to Island		<input type="checkbox"/> Veg. Menu					

_____ / ____ / ____		_____		_____		_____	
NAME (LAST, FIRST, MI)		NAMETAG / NICKNAME		RELATIONSHIP TO PRIMARY		BIRTHDATE	
_____		_____		_____		_____	
PERSONAL EMAIL		PERSONAL PHONE		PROFESSION / AVOCATION / GRADE (FALL '12)			
<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"/> Ground Floor Room Needed	Additional Needs / Roommate Preference		<input type="checkbox"/> Electrical Outlet Needed. Reason:
<input type="checkbox"/> New to Island		<input type="checkbox"/> Veg. Menu					

_____ / ____ / ____		_____		_____		_____	
NAME (LAST, FIRST, MI)		NAMETAG / NICKNAME		RELATIONSHIP TO PRIMARY		BIRTHDATE	
_____		_____		_____		_____	
PERSONAL EMAIL		PERSONAL PHONE		PROFESSION / AVOCATION / GRADE (FALL '12)			
<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"/> Ground Floor Room Needed	Additional Needs / Roommate Preference		<input type="checkbox"/> Electrical Outlet Needed. Reason:
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_____ / ____ / ____		_____		_____		_____	
NAME (LAST, FIRST, MI)		NAMETAG / NICKNAME		RELATIONSHIP TO PRIMARY		BIRTHDATE	
_____		_____		_____		_____	
PERSONAL EMAIL		PERSONAL PHONE		PROFESSION / AVOCATION / GRADE (FALL '12)			
<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"/> Ground Floor Room Needed	Additional Needs / Roommate Preference		<input type="checkbox"/> Electrical Outlet Needed. Reason:
<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

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. 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.

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

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. 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.

### Special Health Conditions

If someone has a condition that affects walking ability, the conference registrar 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 participation 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 Minor Medical Release Form to the conference registrar before your application can be accepted. This form may be downloaded from [www.starisland.org](http://www.starisland.org).

## REGISTRATION CHECKLIST

- Complete the registration form.

*Include your email address, as conference information will be communicated via email.*

- 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 \$100/person 6 yrs and older for conferences four or fewer nights, \$200/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!