

Program/Conference Name
 (Specify segment if applicable --
 e.g. 4-night, 7-night)

Address

Street

City, State, Zip

Emergency Contact
 Registration is incomplete without the name and phone number of someone (not on Star Island) whom we may contact in an emergency.

Name

Phone Number Relationship to You

Room Types

- ① Standard Shared
- ② Standard Single
- ③ Motel Shared
- ④ Motel Single

Requests are honored when possible.

List the number of your 1st and 2nd preference for each registrant in the designated space.

Enter Each Registrant Below: Visit StarIsland.org/Registration to print more forms if needed

1

NAME (LAST, FIRST, MI) NAMETAG/NICKNAME BIRTHDATE

EMAIL ADDRESS TELEPHONE NUMBER GENDER (OPTIONAL)

PROFESSION OR SCHOOL GRADE PLACE OF EMPLOYMENT OR SCHOOL ROOM TYPE 1 ROOM TYPE 2

New to Conference
 New to Island

Regular Menu
 Veg. Menu

Ground Floor Room Needed

Electrical Outlet Needed for Medical Reason

Roommate Preference:

2

NAME (LAST, FIRST, MI) NAMETAG/NICKNAME RELATIONSHIP TO PRIMARY BIRTHDATE

EMAIL ADDRESS TELEPHONE NUMBER GENDER (OPTIONAL)

PROFESSION OR SCHOOL GRADE PLACE OF EMPLOYMENT OR SCHOOL ROOM TYPE 1 ROOM TYPE 2

New to Conference
 New to Island

Regular Menu
 Veg. Menu

Ground Floor Room Needed

Electrical Outlet Needed for Medical Reason

Roommate Preference:

3

NAME (LAST, FIRST, MI) NAMETAG/NICKNAME RELATIONSHIP TO PRIMARY BIRTHDATE

EMAIL ADDRESS TELEPHONE NUMBER GENDER (OPTIONAL)

PROFESSION OR SCHOOL GRADE PLACE OF EMPLOYMENT OR SCHOOL ROOM TYPE 1 ROOM TYPE 2

New to Conference
 New to Island

Regular Menu
 Veg. Menu

Ground Floor Room Needed

Electrical Outlet Needed for Medical Reason

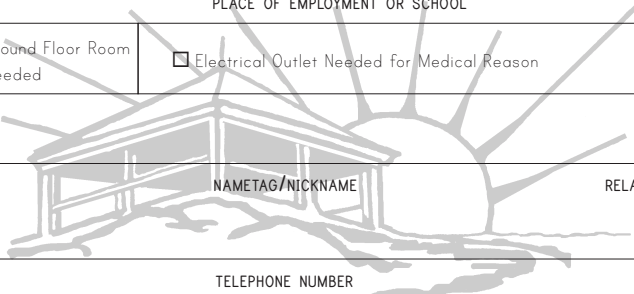
Roommate Preference:

Star Island bills according to rooms assigned and occupied, regardless of housing requested

Please note that Star Island is in a remote location and access can be limited even for emergency purposes. Visit StarIsland.org/Conferences/Info to learn more about health resources and precautions you can take before arriving.

Are you or your family interested in helping a new Shoaler?

ADDITIONAL NOTES OR NEEDS:
 EX: FULL OR TWIN SIZE BED PREFERENCE; ADJACENT OR CONNECTING ROOMS





Star Island

(603) 430.6272 | office@starisland.org

Are you a member of a church or other religious congregation?

If so, name of congregation: _____

City and State: _____

Denomination: UCC UU Other: _____

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/conferences/info.

Visit StarIsland.org/Conferences/Info for more information

REGISTRATION CHECKLIST

- Complete the registration form

Include your email address as program information will be communicated via email.

- Write ONE CHECK totaling the **Room & Board Deposit** and the **Program Fee**. Make the check out to Star Island Corporation.

The Room and Board Deposit is \$100/person 6 years and older for programs four or fewer nights, \$200/person 6 years and older for all other programs.

The Program Fee is listed with each program's description.

- Include minor medical release form if necessary
- Mail your check and this form to:

Star Island
Morton Benedict House
30 Middle Street
Portsmouth, NH 03801

- Sign below confirming you understand the information provided:

SIGNATURE

DATE

Each program sets its own registration policy and acceptance criteria.