

# WESTWIND WEEKEND, MAY 3-5, 2024

## REGISTRATION INFORMATION (TYPE OR PRINT CLEARLY)

Name(s): _____	Adult	Teen (13-17)	Child (3-12)
_____	Adult	Teen (13-17)	Child (3-12)
_____	Adult	Teen (13-17)	Child (3-12)
_____	Adult	Teen (13-17)	Child (3-12)
_____	Adult	Teen (13-17)	Child (3-12)
_____	Adult	Teen (13-17)	Child (3-12)
_____	Adult	Teen (13-17)	Child (3-12)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

The best time to contact me is: A.M. P.M. on: Phone 1 Phone 2

Email Address \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Where will you sleep while at camp? Cabin Tent

CABIN SHARING - You will likely need to share a cabin with people in addition to those in your family or registration group. Please indicate the names of people with whom you would like to or would be willing to share a cabin.

\_\_\_\_\_  
\_\_\_\_\_

Preferred cabin area (see map): Alpine Highlands Sherwood Abbey Road No preference

Food is lacto-ovo-vegetarian. Please list any important food restrictions and the exact nature of the restriction.

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to be considered for a scholarship to reduce your cost (this will involve some work)? Yes No

Do you have mobility issues or health concerns that would make it difficult to walk 2 miles along a dirt road to get to camp, and/or that would impact your housing needs? (Transportation to camp can be arranged if so) \_\_\_\_\_

\_\_\_\_\_  
Anything else you would like us to know? \_\_\_\_\_

## PAYMENT INFORMATION

Number of Adults \_\_\_\_\_ x \$170 = \_\_\_\_\_

Number of Teens (age 13-17) \_\_\_\_\_ x \$90 = \_\_\_\_\_

Number of Children (age 3-12) \_\_\_\_\_ x \$70 = \_\_\_\_\_

TOTAL ENCLOSED \_\_\_\_\_

Make checks payable to **Salem Folklore Community or SFC**

Send completed registration form and payment to:

Westwind Weekend  
PO Box 4702  
Salem, OR 97302

**PLEASE DO NOT POSTMARK BEFORE FEBRUARY 23.**