REGISTRATION FOR FALL WEEKEND, OCTOBER 22-24, 2021 All attendees must provide proof of full vaccination

Registrant Name				M/F
			(For ass	igning rooms)
Street Address				
City	State	Zip		
Phone (landline)	(cell)	email addre	SS	
Emergency contact info – name, p	phone, relationship:			
do not want my Address	landline phone cell phone	e email included on	the camper list.	
prefer the Regular menu	☐ Vegetarian menu ☐ V	egan menu (please choos	se <u>one</u> only)	
☐ I have food allergies (please l	ist specific allergies below).	I need a handicapped a	accessible room (if available)	
I need a ride to camp from _	∏ I can o	offer a ride to camp fro	m for	people.
ffort to get a ride for everyone, he IYC to Kerhonkson. We can pick Iy roommate preference is:	k you up from there.			
	FMSNY Memb		Non-Members	
Double	\$350	7015	\$375	
Single	\$410		\$435	
	with two adults): no children under 12. 12 yrs: \$90; 13-17: \$130 (must be vaccinated)			
	s rate (per person, two or thr		<u> </u>	
E	Dogs \$50 (se xtra nights (Thursday, Sunda	ervice dogs free). ay, etc.) \$50 per perso	n, no meals	
Imount due: \$ Note that if you have not attended 100 discount.	Donation to ed any of the last three residen	Scholarship Fund: \$ tial weekends (Fall 2018	3, Winter 2019, Fall 2019), you	can take a
Cotal amount due: \$ o FMSNY, 444 West 54th St #7			ite.com/, send check, made ou	
redit card info via email as it is	, 1	04 (0 10) 020		Do not send

Food allergies (please only list allergies, not preferences!):