

<b>Household Last Name:</b> (For alphabetical sorting)	<b>Address:</b>  _____ Street _____  _____ City, State, Zip	<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
<b>Conference:</b> (Specify segment if applicable—e.g. weekend, 4–night/7–night)		

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

**Room Type Guide:**    ① Single    ② Double    ③ Double with Double Bed    ④ Motel Double    ⑤ DoubleOccupancy Room —do not assign motel unit    ⑥ 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	
_____ / _____		(    )		_____ / ____ / ____		<input type="checkbox"/> M <input type="checkbox"/> F	
PERSONAL EMAIL		PERSONAL CELL PHONE		PROFESSION / AVOCATION / GRADE (FALL '09)			
<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	
_____ / _____		(    )		_____ / _____		_____ / ____ / ____		<input type="checkbox"/> M <input type="checkbox"/> F	
PERSONAL EMAIL		PERSONAL CELL PHONE		PROFESSION / AVOCATION / GRADE (FALL '09)					
<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	
_____ / _____		(    )		_____ / _____		_____ / ____ / ____		<input type="checkbox"/> M <input type="checkbox"/> F	
PERSONAL EMAIL		PERSONAL CELL PHONE		PROFESSION / AVOCATION / GRADE (FALL '09)					
<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	
_____ / _____		(    )		_____ / _____		_____ / ____ / ____		<input type="checkbox"/> M <input type="checkbox"/> F	
PERSONAL EMAIL		PERSONAL CELL PHONE		PROFESSION / AVOCATION / GRADE (FALL '09)					
<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							

FOR REGISTRAR USE ONLY:

DATE RECEIVED

DATE ACCEPTED

DATE CANCELLED

WAITING LIST

### 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.

#### 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](http://www.starisland.org).

### SCHOLARSHIPS

If paying at the full rate would preclude you and your family from attending a conference, please inform your conference registrar. Many conferences have established scholarship programs to help in cases of hardship. For more information on these programs including deadlines and instructions for applying, see conference websites. If you are able, donations to conference scholarship funds are greatly appreciated.

I have included a donation (separate check) to the conference scholarship fund.

Star Island Corporation is launching pilot financial aid program for the 2010 season, and has set aside a total of \$20,000 to support this effort. The confidential program will be available to individuals and families that are registered for a conference and have not received a conference scholarship. Applications and information for the program is available on [www.starisland.org](http://www.starisland.org).

### HOUSING PREFERENCES

While every attempt will be made to accommodate room preferences, no request can be guaranteed. Please keep the following in mind:

Conferees are billed according to the accommodations assigned and occupied, regardless of housing requested, with the following exceptions: Persons assigned to motel units but did not request to be housed there. Persons who requested double occupancy but were assigned single occupancy.

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.

### REGISTRATION CHECKLIST

Complete the registration form.

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

Write ONE CHECK totaling the **Room & Board Deposit** and the **Conference Registration Fee**

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

*Conference Registration Fee is listed with the conference description.*

*Please make the check out to the name of the conference. The deposit is refundable up to six weeks before the conference.*

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 and date below to indicate 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. Registrations for many conferences remain open until the day before the conference begins. 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 is full, try another!**

### FOR PELICAN REUNION REGISTRANTS

Name(s) of Pelicans registering:

Name(s) when you were a Pelican:

Years and Crews Worked: