

2009 EAST COAST TRING

REGISTRATION FORM

I am registering as:

An individual

A group / family (if group, number of individuals registering on this form): _____

Name of registrant(s):

Mailing address:

(Street) _____

(City) _____

(State) _____ (ZIP) _____

(Phone) _____ / _____

(E-Mail only if you want to be contacted VIA email) _____

Registration Fees:

Before June 15th 2009

3 day, 5 meal plan

Adults (18 and up) _____ x \$ 103.00

Children (15-18) _____ x \$ 103.00(Free w/voucher#)

Children (6-14) _____ x \$ 63.00(Free w/voucher#)

Children (under 6) _____ x FREE

After June 15th 2009

3 day, 5 meal plan

Adults (18 and up) _____ x \$ 110.00

Children (15-18) _____ x \$ 110.00(Free w/voucher#)

Children (6-14) _____ x \$ 60.00(Free w/voucher#)

Children (under 6) _____ x FREE

Before June 15th 2009

4 day, 8 meal plan

Adults (18 and up) _____ x \$ 128.00

Children (15-18) _____ x \$ 128.00(Free w/voucher#)

Children (6-14) _____ x \$ 78.00(Free w/voucher#)

Children (under 6) _____ x FREE

After June 15th 2009

4 day, 8 meal plan

Adults (18 and up) _____ x \$ 135.00

Children (15-18) _____ x \$ 135.00(Free w/voucher#)

Children (6-14) _____ x \$ 85.00(Free w/voucher#)

Children (under 6) _____ x FREE

Before June 15th 2009

5 day, 11 meal plan

Adults (18 and up) _____ x \$ 153.00

Children (15-18) _____ x \$ 153.00(Free w/voucher#)

Children (6-14) _____ x \$ 78.00(Free w/voucher#)

Children (under 6) _____ x FREE

After June 15th 2009

5 day, 11 meal plan

Adults (18 and up) _____ x \$160.00

Children (15-17) _____ x \$160.00(Free w/voucher#)

Children (6-14) _____ x \$ 85.00(Free w/voucher#)

Children (under 6) _____ x FREE

- Please contact us to ensure there are enough free "under 18" vouchers available **before** sending in your registration! Contact registrar@gladsheim.org. You can also contact Andy @ 443-315-6793 if email inconvenient.

Total registration fees: \$ _____

Signature of registrant: _____ Date _____

REGISTRATIONS MUST BE IN BY AUGUST 15th, 2009! There can be no refunds after this date. No late registrations will be considered. Please make checks payable to Gladshiem Kindred and send with a signed waiver for every attendee to:

Gladshiem Kindred
C/O Andre Mendes
802 N. Woodington Road
Baltimore, MD 21229

Accommodations: Please let us know what kind of accommodations you will need and if there are any special issues we need to take into consideration:

Group/Kindred name (if you would like to be in same cabin): _____

Volunteers: We will need volunteers to help staff the following areas:

First Aid

Registration/Command Post _____

Kid's Activities _____

Viking Games _____

Other _____

Classes/Workshops:

___ I/we would like to teach a class or workshop.

(Name of teacher) _____

(Subject/s) _____

(Time needed) _____

(Location preferred) _____

(Synopsis of Class) _____

(Continue on a different sheet if more room needed)

Merchants:

___ I/we would like to have merchant space (no charge!).

(Name of merchant): _____

(Goods offered): _____

(Link to website): _____