

## REGISTRATION FORM 2012 TLS Annual Gathering October 12-14

Camp St. Croix, Hudson, WI, USA

OFFICE	<b>USE ONLY</b>
Rec'd	
Proc'd	
ID #	

A separate form must be completed for each person registering. All funds are listed in and must be paid in US dollars.

YOUR CONTACT INFORMATION - ph	ease print					
Last Name	First	Name		MITitle _		
Phone Number (area code + number)		Email _				
Mailing Address		City	y			
State Zip						
Name as you wish it to appear on your						
MEMBERSHIP STATUS & OPTIONS						
May we list your contact information on	the Gathering	g Participants list?			<b>□</b> yes	□ no
May we list your contact information in	our on-line M	embership Directory	?		□ yes	□ no
Are you a Member of TLS?						
Do you belong to an organization that is						
Organization Name (Four (4) people from ea						
MEMBERSHIP DUES - annual dues pa	ayment may b	e included with your	Gathering Regist	tration	Fill in ar	nd add
☐ Individual membership				\$50	\$	
☐ Individual discount membership (\$5 or					\$	
☐ Supporting membership					\$	
Household membership					\$	
☐ Organization membership ☐ Lifetime membership					\$	
CONFERENCE REGISTRATION AND lodging with Friday dinner, Saturday bre Off-Site rate includes Gathering activities rate does not include any lodging. Day	eakfast, lunch es, Friday din only registrati	n & dinner, and Sunda ner, Saturday breakf ion for Saturday inclu SOHL*	ay brunch. On-sit ast, lunch & dinne ides lunch and di	te rates are per pe er, and Sunday br	erson, sh	ared.
		•		Non-Membe		
☐ Cabin (12-single beds in one-room b					\$	
☐ Savanna Lodge (3 beds per room, sh☐ Staff House (3 single beds in room, b					φ	
☐ Leadership Lodge (3 single beds in re					\$	
☐ Off-Site (participant is responsible for					\$	
☐ Saturday Only Rate, includes lunch a	and dinner	\$180	\$180	\$180	\$	
		SOHL*	Individual			
Late Registration Rates apply after J			Membership	Non-Membe		
☐ Cabin (12-single beds in one-room b					\$	
☐ Savanna Lodge (3 beds per room, sh☐ Staff House (3 single beds in room, b					\$ \$	
☐ Leadership Lodge (3 single beds in room, b					\$	
☐ Off-Site (participant is responsible for					\$	
☐ Saturday Only Rate, includes lunch a					\$	
		hold, Organizational, ate matching informa		ber		
Sub-Tota	al Page One	<ul> <li>please add amoun</li> </ul>	rts of all items voເ	ı have selected:	\$	

PRE and POST GATHERING BUS TOURS and WORKSHOPS			
Thursday All Day Labyrinth Bus Tour - Capital City Circuits, 9am-4pm\$80			
Thursday Sand Casting Garden Art Workshop - 10am-12 noon	\$45	\$	
Thursday Prayer Beading Workshops			
Circle of Love, 1pm-3pm	\$45	\$	
Gratitude Beads, 4pm-6pm	\$45	\$	
Personal Journey Beads, 7pm-9pm	\$45	\$	
Friday Creating Needle Felted Labyrinths Workshop - 9am-12 noon\$45			
Friday Half Day Labyrinth Bus Tour - Western Wisconsin Wanderings, 9an	n-1pm\$50	\$	
Friday Horses in Labyrinths Workshop 1:30pm-3:30pm\$45			
Sunday Half Day Labyrinth Bus Tour - Western Wisconsin Wanderings, 2pm-6pm\$50			
Sunday Priming the Well of Wisdom Workshop – 3:30pm-5:30pm\$45			
Monday All Day Labyrinth Bus Tour - St. Croix Valley Venture, 9am-4pm .	\$80	\$	
<b>Additional on-site lodging at Camp St Croix</b> when attending Pre- or Post-0 (meals included)	Sathering activities		
Add \$75 for <i>EACH</i> night and indicate requested nights □Wed 10/10 □ Thurs 10/11 □ Sun 10/14			
Sub-Total Page Two (this page) – please add amounts of all items you have selected:			
Sub-Total fron	Page One (previous page):	\$	
METHOD OF PAYMENT	TOTAL	\$	
☐ Scholarship: a limited number of Gathering scholarships are available to T	LS members - please contac	t Registrar	
☐ Check: payable to <b>The Labyrinth Society</b> , mail with this completed form	to the address at the bottom of	of this page	
□ VISA □ MasterCard #	Expiration Date (mm/yyyy)		
Name as it appears on your card			
Billing Address	City		
State Zip or Postal Code	Country		
ADDITIONAL CONSIDERATIONS  ☐ Do you require any lodging special needs? Please list any special needs _			
For on-site lodging at Camp St. Croix– do you need a pillow? ☐ Yes ☐ No t	hanks, I will bring my own pill	ow	
ROOMMATE MATCHING INFORMATION - All rooms and roommate assign	,	•	
If you have registered for a multiple occupancy room and already have a room		` '	
Last Name First Name	MI		
Last Name First Name	MI	<del></del>	
If you do not have a roommate(s) pre-arranged, we will match you based on After September 1st, there is no guarantee of rooms or roommates. You will be		ssignments.	
Your Gender:   Male  Female Are you a smoker? (Note: There is no smoking inside any Camp St Croix factors)	ility) □ yes □ no		
<b>REFUND POLICY</b> – Refunds are available only as follows: before September 1st to October 1st - 50%, after October 1 <sup>st</sup> - no refunds.  No credit card refunds will be issued. All refunds will be paid by check in US			
MAIL THIS REGISTRATION FORM AND PAYMENT TO:			

Mary De Laquil, Registrar, c/o TLS P. O. Box 736, Trumansburg, NY 14886 USA

Email: registrar@labyrinthsociety.org Phone: 607-387-5863/FAX: 607-387-5214