

## Dear KOMIAC XLVII Participants:

We hope you are getting excited about **KOMIAC XLVII**, because we are! Enclosed is some basic information to help everyone get ready for this awesome weekend.

This year KOMIAC is going to be held at Indiana State University in Terre Haute, IN from July 22 - 24, 2022. The cost for registration is \$125 per person. T-shirts **must** be ordered at the time of registration for an additional cost of \$15 per shirt. The shirts look incredible! They are totally worth it. You **DEFINITELY** want one. Sponsors, please indicate t-shirt sizes on the group registration form. Sizes range from Youth XS to Youth XL and Adult Small to Adult 6X. Any t-shirt larger than Adult XL costs extra. Size 2X is \$2.50 extra, size 3X is \$3.50 extra, 4X and 5X are \$4.50 extra, and size 6X is \$5.00 extra.

Please be advised that we will be having the Talent Show on Friday night. We hope to have many participants. Indicate members who will be in talent show on group registration form **AND complete Talent Show Form**. Bring whatever props you need for your performance. We plan to have the KOMIAC memory slideshow on Friday evening as well and are in need of your help to make it a success! Please send any pictures you'd like to have included from previous years to [komiact2022@gmail.com](mailto:komiact2022@gmail.com) or mail pictures to KOMIAC 47, P.O. Box 6097 Terre Haute IN, 47801. Also, videos will be included in this year's slide show so you can send short videos to [komiact2022@gmail.com](mailto:komiact2022@gmail.com). **The deadline for picture and video submissions is June 30, 2022.**

There is a semi-formal banquet on Saturday night, which everyone normally dresses up for, so plan on bringing nice clothes. After the banquet there will be time to change into more comfortable clothes for the dance.

We are very fortunate in that the Indiana State University student union, dorms, lounges, and meeting halls are in close proximity to each other. This year, the dorm rooms **ARE** air conditioned! Sometimes air conditioned room can get chilly, so please pack accordingly. For more information about the campus go to the ISU website (<http://www.indstate.edu/news/directions.html>) and take a look at the campus yourself.

We are recommending that all KOMIAC participants **NOT** bring anything that they cannot afford to lose. We will do our best to provide security, however, life does happen. There isn't any reason to bring a lot of cash because you'll only need money for your expenses while traveling, literature, a picture, or craft type items for sale at the conference. Your meals are provided by the college once you get here, but you will need money for a meal and drinks on the way here and back home. Those should be your only expenses...**unless you plan on losing a dorm room key or meal card!**

**Please note: A LOST KEY WILL COST \$120! (Yes, you read that correctly.) A BROKEN OR BENT KEY WILL COST \$15! A LOST MEAL CARD WILL COST \$10!**

Like every year, there will be a hospitality room. How else could we keep hundreds of teenagers satisfied? We ask that every person please bring a snack to share. This can be chips, pop (absolutely no energy drinks are allowed at KOMIAC), pretzels, fruit, desserts, snacks, candy, etc. There is one tiny rule though, **all food items must be store bought**. Sorry, no homemade goodies are allowed in the hospitality room – no exceptions.

We are really excited to meet and greet everyone on Friday, July 22 between 1-4 PM EDT. Dinner is currently planned to be from 5:00-6:30pm. Upon arrival you will have the option to participate in an opening workshop – “speed stating”. This is a time for meeting new people, introducing yourself, and expanding your comfort zone. “Speed stating” will take place before the welcome ceremony. Also there is an Al-Anon meeting from 4-5 pm.

**LASTLY, YOUR REGISTRATION FORMS MUST BE POSTMARKED BY MAY 15, 2022 OR A LATE FEE OF \$50.00 PER PERSON WILL BE CHARGED.**

Sincerely,  
Your Indiana KOMIAC XLVII Board & trusted servants

## MOB RULES

ATTENTION ALL SPONSORS: Attending KOMIAC is a privilege and not a right. It is recommended that teens attending KOMIAC be those persons who attend Alateen meetings regularly. If someone wants to attend who you think will not be able to abide by the MOB Rules outlined below, you are requested NOT to bring them. All violators of these rules will be dismissed from the conference at their own/parent's expense. PLEASE go over these rules numerous times and clarify them as needed with members of your group before leaving to attend the conference. SUGGESTION: If each teen and their parent/guardian receives a copy of the MOB RULES and reads and signs them at the bottom, there is no way for someone to come back and say to the sponsor "I did not understand that," or "I did not know about that." This way EVERYONE is clear on what is expected of him or her.

1. All KOMIAC participants must be between the ages of 12 and 20. Those over 20 must be assisting adults or sponsors (approved through your individual area and/or state).
2. Everyone is responsible for their own behavior remembering that what we do reflects on our group, the conference, and ALATEEN as a whole. Remember: I AM RESPONSIBLE!!!
3. We are responsible for damage done to the property. If upon arrival damage is observed, this should be reported immediately to the registration table. Vandalism of property will result in expulsion from the conference and ultimately will increase the cost of the conference for everyone.
4. All medications MUST be given to sponsors for the weekend. The ONLY exception to this rule will be asthma inhalers and epi-pens.
5. NO mood altering substances are to be had or used at this conference. This includes CAFFEINE PILLS AND ENERGY DRINKS.
6. Selling of contraband (cigarettes, alcohol, or other drugs) will result in expulsion from the conference. E-cigarettes are NOT to be smoked indoors or within 25 feet of any entrance.
7. MANDATORY IS MANDATORY. Exceptions must be approved by the Board.
8. Your sponsors should be aware of your whereabouts at all times. SPONSOR CHECK-IN IS MANDATORY throughout the conference.
9. Leaving the designated area is not allowed. In the case of an emergency, an Alateen may leave the designated area only when accompanied by a sponsor.
10. No visitation of boys to girls' dorm rooms, and likewise no visitation of girls to boys' rooms.
11. There will be NO sleeping outside of the dorm rooms.
12. No fireworks, firearms, or weapons allowed.
13. NOTHING shall be thrown out of ANY window.
14. Everyone 14 and older must serve security posts assigned to them at registration.
15. Everyone under 14 must serve clean-up posts assigned to them at registration.
16. Withholding of warm fuzzies WILL result in a FUZZY ATTACK!!!
17. Please remember that this is an Alateen Conference, NOT THE LOVE CONNECTION.
18. If you are driving, please be responsible: GET SOME SLEEP!!! Sponsors, mark your registrations accordingly.
19. No usage of electronics (i.e. iPods, cell phones, computers) during all meetings.
20. You MUST wear your nametag at ALL times (with illness or medication listed on the back). Sponsors must have each group member (including yourself) complete this immediately after finishing registration.
21. Violations of MOB Rules will be heard before the Board with the accused, any witnesses, and with sponsor(s) of the accused.
22. Please enjoy yourself as much as possible while staying within these simple rules. The adherence to these rules is important to the safety and well-being of everyone at the conference.

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Alateen Signature

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Parent/Guardian Signature

# Tips for Sponsors

- Read through registration packet thoroughly so you know what to expect and so that you do not forget to mail in or keep the proper papers.
- MANDATORY IS MANDATORY! This is not negotiable unless health or safety is involved. It applies to both adults and teens.
- **MOB Rules apply to every single attendee at KOMIAC. You are not excused from any one of them just because you are a sponsor.**
- PLEASE do not bring any teens that are not capable of following the behavior guidelines and being respectful to adults and other teens. One bad attitude can spoil it for the whole bunch. If you would not take the teen to Walmart for an hour, do not bring them to KOMIAC for the weekend.
- Bring whatever medications you might need to get through the weekend. Also, you will be responsible for keeping your teens medication during the weekend, as they are not allowed to keep it themselves.
- Take really good care of yourself the week before KOMIAC and get as much rest as you can so you'll be in a good space for the weekend. If you are tired and irritable from the get go, it's going to be a very LONG weekend and probably not much fun for you or your group. Also, it is advisable to take the Monday after KOMIAC off work to recuperate! You will most likely need to rest!
- Don't forget a camera to record all the experiences. You will bond with your group this weekend.
- Go over WHAT TO BRING with your teens a few times before KOMIAC. Make sure you check your own packing list twice.
- Bring some extra money. Inevitably one or more of your teens won't have saved their money for the meal on the way back home on Sunday.
- If you have issues sitting in folding chairs, you might want to bring a chair pad or cushion.
- If you are bringing a group by yourself, make friends with another sponsor and ask them to be your "sponsor buddy" so they can help with your teens if you need it or vice-versa.
- If you have any questions or need help, see one of the committee members.
- Your teens are designated to serve a hospitality post (age 12-13), which means they clean up, organize, restock snacks and paper products, take out trash etc. OR they will have a security post (age 14-20), which is where you patrol a specified area for a specified amount of time. Basically you are making sure that everyone is following the behavior guidelines. It is very important that everyone serve their post at the appointed time.
- You, as an adult, may also have a security post. We know you need your sleep, but we also need your help in curbing inappropriate behaviors (Remember: this is NOT the LOVE CONNECTION!). If you're a night owl, please volunteer for one of the posts between 12:00 AM -7: AM. Remember to mark your registration form if you are a driver.
- You cannot miss breakfast. Your teens must be up and at breakfast with you.

- Encourage your teens to participate in everything and keep an open mind. They will have a lot of fun and will meet some awesome people if they allow themselves to.
- WARM FUZZY- a “necklace” of yarn you wear around your neck. Go up to someone and ask for a hug and take a piece of yarn from their necklace and tie it onto yours. The object is to exchange lots of yarn and get lots of hugs.
- LIPSTICK - this is a long standing “tradition” at KOMIAC. If someone catches you sleeping outside of your dorm room, they will “lipstick” you, which means write all over an exposed area on your body with brightly colored lipstick. We are supposed to be awake and paying attention in order to get the gifts KOMIAC offers. There is no sleeping outside of dorm rooms allowed. As we have had problems in the past with lipstick getting on furniture, we suggest they bring washable markers instead. **Please encourage your teens to use washable markers because if they lipstick someone and it gets on furniture or carpet, you will be held responsible for the costs of damage.**
- When in a meeting or auditorium and the committee wants you to be quiet they will raise their fist in the air. We ask that you do the same and encourage those around you as well, in order to be respectful and keep the conference running smoothly.
- Encourage your teens to participate in the talent show; last year’s was awesome! They MUST be noted by a (Y) on the group registration form and put their talent details on Talent Show Registration Form. Then return both forms. No last minute talent show sign-ups!
- LASTLY: Registration forms must be postmarked by May 15, 2022 or a late fee of \$50.00 per person will be charged. Also, send money orders or cashier’s checks only. PERSONAL CHECKS WILL BE RETURNED.

## What to Bring to KOMIAC

- Money: for meals to and from KOMIAC, stuff for sale at craft tables, literature, ways and means, and soft drinks in machines
- Clothes for Fri-Sat-Sun
- Underwear/socks/bras
- Outfit for the semi-formal banquet – as formal or comfortable as you like
- Attire for the dance – casual and comfortable
- Towels/washcloth/body pouf
- Pillow
- Twin size sheets/pillowcase/blanket if you want one
- Comfortable shoes
- Camera & extra batteries
- Cell phone & charger
- Insect repellent/Sunscreen
- Shower shoes/flip flops
- Deodorant/cologne/perfume
- Body wash/shampoo/conditioner/lotion
- Razor if you need to shave
- Any item you need for talent show
- Contacts/glasses/Sunglasses if you have them
- Hairbrush/hair dryer/curling iron/holders/headbands
- Toothbrush/toothpaste/floss
- Hair products-mousse, gel, hair spray, etc.
- Medications/epi-pens/inhalers
- Feminine hygiene products if needed
- **Snacks for Hospitality room**

# FAQ's

## **What do the letters KOMIAC stand for?**

Kentucky, Ohio, Michigan, Indiana Alateen Conference

## **What is KOMIAC?**

KOMIAC is a weekend that Alateens gather together for regional healing, program growth & fellowship. The sponsors are there to guide and facilitate.

## **How much sleep will I get at KOMIAC?**

KOMIAC isn't the place to sleep and it is fairly obvious when you get there that there aren't many real opportunities to get shut eye. Sponsors are usually on the same schedule, but they need some sleep if they drive home on Sunday. Although there isn't much sleep involved, it is a very healing weekend.

## **Is KOMIAC the same for Sponsors?**

It is very similar. It is the same experience but from a different view. The sponsors get just as much out of it as the teens do.

## **What are MOB rules?**

MOB stands for Modicum Of Behavior. MOB rules are rules that are in place to ensure everyone knows what is expected of him or her.

## **What happens if MOB Rules are not adhered to?**

All violators of the MOB rules will immediately meet in front of the Board and will most likely be dismissed from the conference at their own/parents expense.

## **When are registration forms due?**

Registration forms must be postmarked by May 15, 2022 or a late fee of \$50 per person will be charged.

**KOMIAC XLVII – July 22-24, 2022  
Information and Permission Form**

**Parents:** Please read, complete and sign this form. You will also need to sign and have **NOTARIZED** the consent to treat form. Please keep a copy of both forms for your records.

**Alateens:** Please return the completed forms to your Sponsor or accompanying adult.

**Sponsors and Adults:** We need you to complete both forms (and have the medical consent form notarized).

**REMINDER: Registration forms must be postmarked by May 15, 2022 or a late fee of \$50.00 per person will be charged.**

Member's full name: \_\_\_\_\_

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

Phone # (with area code): \_\_\_\_\_ Cell # (with area code) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone # (with area code): \_\_\_\_\_ Cell # (with area code) \_\_\_\_\_

Nearest Relative not living with Alateen or Parent/Guardian: \_\_\_\_\_

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

Phone # (with area code): \_\_\_\_\_ Cell # (with area code) \_\_\_\_\_

**HOLD HARMLESS STATEMENT:**

As the parent/guardian of the aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless KOMIAC XLVII attended by my child and

\_\_\_\_\_

(Insert name and WSO registration number if known of group, district, and area)

Or authorize representative thereof, should any harm come to my child as a result of his/her participation in this program or procurement of medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL PERMISSION (to be signed in the presence of the sponsor/escort):**

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_  
(Parent/Guardian Name) (Alateen Member Name)

to travel to Terre Haute, IN and back and to participate in KOMIAC XLVII under the supervision of

\_\_\_\_\_ On \_\_\_\_\_  
(Sponsor/Escort Name) (Dates of Event including Travel Time)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# AUTHORIZATION FOR CONSENT TO TREAT A NON-MINOR

I, the undersigned, \_\_\_\_\_, do hereby authorize \_\_\_\_\_ as agent(s) for the undersigned to consent to any necessary examination, X-ray, anesthetic, medical or surgical diagnostics or treatment and hospital care which is deemed advisable by, and is tendered under the general and special supervision of any physician or surgeon, whether such diagnosis or treatment tendered at the office said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis or treatment or hospital care that might be required and is given to provide authority and power to the aforementioned physician in the exercise of his/her best judgment that may be deemed advisable. The signing of this release only gives the agent(s) thereof the right to consent for treatment. It does not release signee of liability from medical cost arising from said treatment. The agent(s) does not assume liability of said cost and is not liable for any complications arising from said treatment.

This authorization shall remain in effect from \_\_\_\_\_ through \_\_\_\_\_, unless sooner revoked in writing and delivered to said agent.

NAME (printed and legible) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Date of Birth \_\_\_\_\_ Emergency Telephone Number \_\_\_\_\_

## MEDICINES AND ALLERGIES:

Are you allergic to any foods, pollen or drugs? \_\_\_\_\_

Please indicate if you have any reaction to the following: [ ] Penicillin [ ] Local Anesthetic [ ] Aspirin [ ] Sulfur Drugs [ ] Sedatives [ ] Other \_\_\_\_\_.

Do you have any other condition or problems not listed above that you think that the agent(s) should know about, and/or please list any medication currently being taken. \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION:

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone # \_\_\_\_\_

Notary: State of \_\_\_\_\_; County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 2022, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal: \_\_\_\_\_

**NOTE: DO NOT SEND THIS SHEET BACK WITH YOUR REGISTRATION FORM(S). BRING IT WITH YOU WHEN YOU COME TO KOMIAC. THIS CONSENT IS TO BE KEPT WITH THE ALATEEN SPONSOR AT ALL TIMES WHILE AT KOMIAC.**



# AUTHORIZATION FOR CONSENT TO TREAT A MINOR

(I), (We), the undersigned, parent(s) of \_\_\_\_\_, an Alateen minor, do hereby authorize \_\_\_\_\_ as agent(s) for the undersigned to consent to any necessary examination, X-ray, anesthetic, medical or surgical diagnostics or treatment and hospital care which is deemed advisable by, and is tendered under the general and special supervision of any physician or surgeon, whether such diagnosis or treatment tendered at the office said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis or treatment or hospital care that might be required and is given to provide authority and power to the aforementioned physician in the exercise of his/her best judgment that may be deemed advisable. The signing of this release only gives the agent(s) thereof the right to consent for treatment of minors. It does not release signee of liability from medical cost arising from said treatment. The agent(s) does not assume liability of said cost and is not liable for any complications arising from said treatment.

This authorization shall remain in effect from \_\_\_\_\_ through \_\_\_\_\_, unless sooner revoked in writing and delivered to said agent.

NAME (printed and legible) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Date of Birth \_\_\_\_\_ Emergency Telephone Number \_\_\_\_\_

## MEDICINES AND ALLERGIES:

Are you allergic to any foods, pollen or drugs? \_\_\_\_\_

Please indicate if you have any reaction to the following: [ ] Penicillin [ ] Local Anesthetic [ ] Aspirin  
[ ] Sulfur Drugs [ ] Sedatives [ ] Other \_\_\_\_\_

Do you have any other condition or problems not listed above that you think that the agent(s) should know about, and/or please list any medication currently being taken. \_\_\_\_\_

## MEDICAL INSURANCE INFORMATION:

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone # \_\_\_\_\_

Notary: State of \_\_\_\_\_; County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 2022, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal: \_\_\_\_\_

**NOTE: DO NOT SEND THIS SHEET BACK WITH YOUR REGISTRATION FORM(S). BRING IT WITH YOU WHEN YOU COME TO KOMIAC. THIS CONSENT IS TO BE KEPT WITH THE ALATEEN SPONSOR AT ALL TIMES WHILE AT KOMIAC.**

# Talent Show Form

If you are interested in performing in the talent show, circle.      YES!!      NO.

If you are interested you MUST fill out the following. If you do not preregister you will not get the chance to show off your talents. The only exception is if we are short on how many we need in order to fill up the allotted time. However in the previous times we have done the talent show we usually run out of time rather than the other way around. Unfortunately, not everyone will be able to participate due to time limits. **We will contact you to let you know if you are or are not participating.** If you have not been contacted within one week prior to KOMIAC, e-mail \_\_\_\_\_ or text \_\_\_\_\_.

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

State you're from:    IN                                  MI                                  KY                                  OH

Talent: \_\_\_\_\_

We ask that you keep your talent under 5 minutes.

Estimated time your talent will take \_\_\_\_\_

Will you have partners for your talent such as it being a group or a duet? If so please state whom so we don't have any repeats.

\_\_\_\_\_

What are the things you will need to perform your talent? We will provide a sound system and microphone. Anything that you will need to perform your talent beyond that, you will need to bring.

\_\_\_\_\_

If it is a song, please list the title and artist. \_\_\_\_\_

\_\_\_\_\_

## Special Needs

If you have special needs such as dietary, medical, or handicapped, please list these on this form and return to us. We want to make sure all dietary needs for medical purposes are provided, nurses are aware of any special medical needs you may have, and you are assigned to a handicapped room if needed.

We do understand that some people would like private rooms. We cannot guarantee that we will be able to accommodate that. If we are able to, there will be an additional fee of \$70.00.

Name: \_\_\_\_\_

Phone number if we have any questions: \_\_\_\_\_

State you're from: IN MI KY OH

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Special Need: \_\_\_\_\_

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## Roommate Information Form

This year we would like to encourage KOMIAC participants to expand their circle of trust. One way that we hope to do this is through random selection of roommates. Roommates will be similar in age and of the same gender. The most exciting part of random roommate selection is that it gives everyone an opportunity to get to know someone from a different state.

It's perfectly okay to have your sponsor provide us with a requested roommate though if you are not comfortable with this.

Random roommate selection is for both Alateens and sponsors.

If you are interested in random selection of roommate, circle.      YES!!      NO.

Name: \_\_\_\_\_

State you're from:    IN                      MI                      KY                      OH

Age: \_\_\_\_\_                      Gender: \_\_\_\_\_

If you choose not to have a roommate assigned for you, please list your requested roommate below.

Name: \_\_\_\_\_

State:    IN                      MI                      KY                      OH

Age: \_\_\_\_\_                      Gender: \_\_\_\_\_

## **Documents to be returned with registration:**

1. Registration Form (1 for each group)
2. Talent Show Form (1 for each individual wanting to participate in the Talent Show)
3. Special Needs (1 for any individual with special needs)
4. Roommate Information Form. (1 for each individual)

## **Documents to be kept with sponsor during KOMIAC:**

5. MOB Rules
6. Information and Permission Form
7. Authorization for Consent to Treat (Minor and Non-Minor)

## REGISTRATION FORM FOR KOMIAC XLVII

(July 22-24, 2022)

State: \_\_\_\_\_ Group Name: \_\_\_\_\_

Contact Sponsor Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone # (including area code): \_\_\_\_\_ Alternate contact # (including area code): \_\_\_\_\_

E-mail: \_\_\_\_\_

The cost of registration is \$125 per person. **A late fee of \$50.00 per person for registration's postmarked after May 15, 2022, will be charged.**

T-Shirts are optional and have an additional charge of \$15 each.

**Return this form with a CASHIER's CHECK or MONEY ORDER made out to Indiana Alateen Assembly.**

**Mail it all to:** KOMIAC 47 P.O. Box 6097 Terre Haute, IN 47801 (NOTE: Do not send personal checks, they will be returned)

If you need to speak with the registration committee, please call or e-mail: Peggy N. [pnash4508@gmail.com](mailto:pnash4508@gmail.com) or 812-841-4151.

**SPONSORS:** *If you would like to select a room mate for your groups' attendees, please do so on this form. If either sponsors or Alateens are willing to have a random roommate assigned, the Roommate Information Form must be submitted.*

PARTICIPANTS (Please list adult sponsors first)	SEX M/F	Age	Talent Show? <i>Submit form if Y</i>	Driver?	Willing to chair a meeting?	Special Needs: <i>Submit form if Y</i>	T-shirt size (if purchasing)	Payment Amount.	Roommate request, if any.
1			Y / N	Y / N	Y / N	Y / N			
2			Y / N	Y / N	Y / N	Y / N			
3			Y / N	Y / N	Y / N	Y / N			
4			Y / N	Y / N	Y / N	Y / N			

PARTICIPANTS (Please list adult sponsors first)	SEX M/F	Age	Talent Show? <i>Submit form if Y</i>	Driver?	Willing to chair a meeting?	Special Needs: <i>Submit form if Y</i>	T-shirt size (if purchasing)	Payment Amount.	Roommate request, if any.
5			Y / N	Y / N	Y / N	Y / N			
6			Y / N	Y / N	Y / N	Y / N			
7			Y / N	Y / N	Y / N	Y / N			
8			Y / N	Y / N	Y / N	Y / N			
9			Y / N	Y / N	Y / N	Y / N			
10			Y / N	Y / N	Y / N	Y / N			
11			Y / N	Y / N	Y / N	Y / N			
12			Y / N	Y / N	Y / N	Y / N			
13			Y / N	Y / N	Y / N	Y / N			
14			Y / N	Y / N	Y / N	Y / N			
15			Y / N	Y / N	Y / N	Y / N			
16			Y / N	Y / N	Y / N	Y / N			
TOTAL Payment submitted									