

Northwest Stone Sculptors Association

2022 Pilgrim Firs International Stone Carving Symposium Registration July 9th-17th 2022

Register by June 15th for the Members' Early Bird Discount and SAVE \$100!

	Member	Non-Member
Full Time, Lodge/Cabin	\$1,050/* 950	\$1,150
Full Time, Tent/Camper	\$900/* 800	\$1,000
Overnight Rate, Lodge/Cabin	# days x \$170	\$200
Overnight Rate, Tent/Camper	# days x \$140	\$175
Annual NWSSA Membership Renewal	\$50	
Total Submitted	\$ _____	\$ _____

If attending Part Time, please let us know the dates you will attend: _____

Registrant Information:

Name: _____
 Address: _____
 City: _____ State/Prov. _____
 Zip/PC: _____
 Phone: _____
 email: _____
 T-Shirt Size: Sm Med Lg XL XXL Other _____

Number of years coming to the symposium _____
 If this is your first time, do you know anyone else coming to camp?
 YES NO If yes, who? _____
 Where did you hear about the symposium?

- Check to participate in the jade workshop (on-site materials fee)
- Check to carve in the Dojo/community tent area
- Check to participate in the Sculpture Walk (2 pieces Max)

Register online or mail this form with payment to:
NWSSA
Attn: Cyra Jane, Symposium Director
PO Box 27364
Seattle, WA 98165

Upon registration, you will receive an email with information including directions to Camp Pilgrim Firs and a list of things to bring.

Payment Information:

Please make your checks payable to **NWSSA** or pay by Visa or Mastercard. If paying by CC, we will phone to confirm your CVV#

Card # _____ Exp Date _____
 Signature _____

Lodging Information:

Do you plan to camp (RV/tent/camper/van)? YES NO
 Which option? _____
 Do you prefer to stay in the Lodge or Cabin? LODGE CABIN
 The Lodge sleeps 2-3 per room with a shared bath
 The duplex style Cabins sleep 3 per side/6 per cabin with a shared bath
 Your gender: _____
 Your preferred roommate: same gender mixed gender no preference
 Names of folks you'd like to room with if possible:

Lodge/Cabin Roommate Matching Survey:

Sleep:
 Do you tend to stay up late? YES NO
 Do you tend to sleep through breakfast? YES NO
 Do you snore? YES NO
 Are you a light sleeper? YES NO
 Any other special needs? (e.g. mobility) YES NO

Dietary: Please check anything you CAN NOT eat:

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> red meat | <input type="checkbox"/> dairy | <input type="checkbox"/> chocolate |
| <input type="checkbox"/> pork | <input type="checkbox"/> gluten | <input type="checkbox"/> eggs |
| <input type="checkbox"/> poultry (chicken/turkey) | <input type="checkbox"/> soy | <input type="checkbox"/> other, be specific: _____ |
| <input type="checkbox"/> fish | <input type="checkbox"/> corn | |
| <input type="checkbox"/> shellfish | <input type="checkbox"/> peanuts | |

If you have dietary sensitivities, please share with us a favorite recipe that we can pass along to the kitchen staff!

Medical:

Do you have a life threatening allergy we should know about? YES NO
 Do you carry an epipen? YES NO

Carpool Info:

- I need carpool info and/or I can give a ride to someone.
- I can pick someone up from the airport and keep them overnight before camp.