**Registration for the 2017 Interhelp Gathering**

**November 2–5, 2017**

Woolman Hill Retreat Center, Deerfield, MA

Please print and mail in this form OR register online [here.](https://interhelpnetwork.org/2017-gathering-online-registration/)

Please register as early as possible. mail to: **Kristina Orchard**

Make checks payable to **Interhelp, Inc. 10A Powdermill Circle Maynard, MA 01754**

**Name** (*as you wish it to appear*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names and ages of children attending (register by August 18)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost per person** (*Includes program and six meals; housing options are described on next page.*)

**Housing**: $225 each: $ \_\_\_\_\_\_

*or*

**Camping/Commuting**: $190 each: $ \_\_\_\_\_\_

$150 for children age 12 and under ($100 if camping/commuting) $ \_\_\_\_\_\_

* **Scholarships**

**Donation amount**: **+** $ \_\_\_\_\_\_

**Request amount**: **–** $ \_\_\_\_\_\_

To be eligible for a scholarship, please briefly describe your interest in the Work That Reconnects and why you want to attend the Gathering:

**GRAND TOTAL** *(All fees plus scholarship donation/minus scholarship request.)*: $ \_\_\_\_\_\_

**TOTAL ENCLOSED**: $ \_\_\_\_\_\_

*(There is a minimum non-refundable deposit of $50 per person)*

**BALANCE** *(due at time of arrival)*: $ \_\_\_\_\_\_

* **Housing at Woolman Hill**

*Please check all that apply*:

[ ] All-women dorm/bunkroom [ ] All-men dorm/bunkroom

[ ] Cabin [ ] Camping

[ ] I cannot be in an upper bunk [ ] I need handicapped-accessible space

[ ] Commuting

Other request (e.g., roommate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Meals***.* I have special dietary needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Questions?**

Contact: Kristina Orchard: (978) 266-2912 – [interhelpnetwork@gmail.com](mailto:interhelpnetwork@gmail.com)