

Northwest Stone Sculptors Association

2024 Washington International Stone Carving Symposium Registration July 6th-14th 2024

Register by May 31st for the Members' Early Bird Discount and SAVE \$100!

Full Time, Lodge/Cabin	\$1,195/*\$1,095	_____
Full Time, Tent/Camper	\$1,075/*\$975	_____
Overnight Rate, Lodge/Cabin	# days x \$200	_____
Overnight Rate, Tent/Camper	# days x \$180	_____
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 carve in the Intermediate 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:

red meat

pork

poultry (chicken/turkey)

fish

shellfish

dairy

gluten

soy

corn

peanuts

chocolate

eggs

other, be specific: _____

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.