

# 2017 EAST COAST THING REGISTRATION FORM

**I am registering as:**

An individual

A group/family (if group, number of individuals registering on this form):

Name(s) of registrant(s):

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Mailing addresses [Please write legibly]:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

**Registration confirmation will be sent via e-mail and snail mail.**

**Check here if you would like confirmation to be sent by e-mail ONLY.**

Registration Fees:

**Before June 1st, 2017**

**On or After June 1st, 2017**

2 night, 5 meal plan

Adults (18 and up) \_\_\_\_\_ x \$158

2 night, 5 meal plan

Adults (18 and up) \_\_\_\_\_ x \$165

3 night, 8 meal plan

Adults (18 and up) \_\_\_\_\_ x \$178

3 night, 8 meal plan

Adults (18 and up) \_\_\_\_\_ x \$185

4 night, 11 meal plan

Adults (18 and up) \_\_\_\_\_ x \$193

4 night, 11 meal plan

Adults (18 and up) \_\_\_\_\_ x \$200

Please list numbers of children by age so we can arrange age-appropriate children's activities!

Children(13-17) \_\_\_\_\_ x FREE

Children(6-12) \_\_\_\_\_ x FREE

Children (under 6) \_\_\_\_\_ x FREE

Total registration fees: \$ \_\_\_\_\_

Registrations must be in by August 12<sup>th</sup> 2017! There can be no refunds after this date. No late registrations will be considered. Please make checks payable to East Coast Thing and send with a signed wavier form for every attendee to:

East Coast Thing

P.O. Box 6941

Columbia, MD

21045-9998

Questions?

Contact your friendly Registrar at:

[ectreg2017@pobox.com](mailto:ectreg2017@pobox.com)

Accommodations: (Check One) Cabin    Tent    Special  
Please tell us about any special needs:

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Group/Kindred name (if you would like to be in the same cabin): \_\_\_\_\_

Volunteers: The event needs volunteers to help staff the following areas:

First Aid \_\_\_\_\_

Registration/Command Post \_\_\_\_\_

Kid's Activities \_\_\_\_\_

Viking Games \_\_\_\_\_

Other \_\_\_\_\_

Special Dietary needs: Vegetarian    Gluten-Free    Diabetic    Other

Please tell us any special details we should pass to the cooks:

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Classes/Workshops:

I/we would like to teach a class or workshop:

Name(s) of teacher(s): \_\_\_\_\_

Subject(s): \_\_\_\_\_

Time Needed: \_\_\_\_\_

Location preferred: \_\_\_\_\_

Synopsis of Class:

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(Continue on a different sheet if more room is needed. All classes may not be accommodated due to schedule constraints, so please try to get your class descriptions in as early as possible)

Merchants: I/we would like to have merchant space (no charge!)

Name of Merchant: \_\_\_\_\_

Goods Offered: \_\_\_\_\_

Link to website: \_\_\_\_\_

Have questions? Email the registrar at [ectreg2017@pobox.com](mailto:ectreg2017@pobox.com)

**PLEASE DO NOT FORGET TO SEND YOUR WAVIER WITH THIS FORM.  
REGISTRATION IS NOT COMPLETE WITHOUT A SIGNED WAVIER.**

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