

WESTWIND WEEKEND, MAY 2-4, 2025

REGISTRATION INFORMATION (TYPE OR PRINT CLEARLY)

You may register up to 5 people together in a group.

Person 1: _____ Adult Youth (17 or under)

Address 1: _____ City: _____ State: _____ Zip _____

Phone 1: _____ Email 1 : _____

Person 2: _____ Adult Youth (17 or under)

Address 2: _____ City: _____ State: _____ Zip _____

Phone 2: _____ Email 2: _____

Person 3: _____ Adult Youth (17 or under)

Address 3: _____ City: _____ State: _____ Zip _____

Phone 3: _____ Email 3: _____

Person 4: _____ Adult Youth (17 or under)

Address 4: _____ City: _____ State: _____ Zip _____

Phone 4: _____ Email 4 _____

Person 5: _____ Adult Youth (17 or under)

Address 5: _____ City: _____ State: _____ Zip _____

Phone 5: _____ Email 5 _____

Person to contact in case of emergency _____

Phone _____

Where will you sleep at camp?

Cabin Tent

Preferred cabin area (see map):

Alpine Highlands Sherwood Abbey Road No preference

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CABIN SHARING - You will likely need to share a cabin with people in addition to those in your family or registration group. Please indicate the names of people with whom you would like to or would be willing to share a cabin.

Food is lacto-ovo-vegetarian. Please list any important food restrictions and the exact nature of the restriction.

Do you have mobility issues or health concerns that would make it difficult to walk 2 miles along a dirt road to get to camp?
(Transportation will be provided if so)

Do you have mobility or health concerns that would influence which cabin you could safely stay in, and/or is there any equipment (e.g. CPAP) that you need to have with you where you sleep?

Anything else you would like us to know? _____

PAYMENT INFORMATION

Number of Adults _____ x \$195 = _____

Number of Youth (age 17 and under) _____ x \$65 = _____

TOTAL ENCLOSED _____

Make checks payable to **Salem Folklore Community**

Send completed registration form and payment to:

Westwind Weekend
PO Box 4702
Salem, OR 97302

PLEASE DO NOT POSTMARK BEFORE FEBRUARY 23.