



2024 EFMLS Wildacres Registration

PLEASE, ONLY one person per form per session
Spring: May 13 – 19, 2024

Please fill out a separate registration form for each person attending and return to JOHN MILLIGAN, 931 Carmichael Rd; Owego, NY 13827-3320. **No registration will be accepted prior to January 1, 2024.** (To make it easier for the Registrar and others, **please do not change nor revise this form.** You may photocopy it as needed.) **Please print legibly!**

For Office Use Only	
ID #	_____
Date Rec'd	_____
Amt. Paid:	_____
Ck #:	_____
Amt. Paid:	_____
Ck #	_____
Paid in Complete:	_____

Name (as you wish it to appear on your Name Badge): _____

Street: _____ City: _____ State: _____ Zip Code: _____

Telephone number with area code: (____) _____ e-mail: _____

EFMLS Club/ Society Affiliation: _____

Fee for each session is \$475.00 per person. Deposit is \$235 per person, payable with Registration. Make checks payable to "EFMLS". Balance of fee is due 30 days prior to start of session. No postdated checks will be accepted.

Cancellation policy: If unable to attend, fees paid will be refunded if notification is given prior to one month (April 13) before the session begins. No refund will be made after that date.

Check appropriate responses:

Have you been to Wildacres before? Yes ____ No ____ Is your Society paying your tuition? Yes ____ No ____

Name of Roommate: _____

Are You: Male: ____ Female: ____

Are you a smoker: Yes ____ No ____

(Smoking is *not* allowed in any building)

Do you have any physical handicaps and/or special dietary needs? Yes ____ No ____

Do you have any sleep issues (i.e., snoring, apnea, C-PAP, etc.)? Yes ____ No ____

If yes, please explain on reverse side.

Class Pre-Registration

See EFMLS Newsletter or Website (www.efmls.org/wildacres) for Class Offerings.

You will either be able to take one 4-day class or two 2-day classes. **All participants must take classes.**

Which of the classes being offered would you like to take? **Please indicate at least 3 choices** in order of preference for each semester. You will be pre-registered for classes based on your choices, but no class placement is guaranteed.

Classes are assigned on a first received, first served basis. Should your preferred class be unavailable for any reason you will be preregistered for another of your choices. **If no alternate class preference is indicated, we will pre-register you in a class of our choosing, based on availability.**

1st Semester or 4-day class choices

1. _____
2. _____
3. _____
4. _____

2nd Semester

1. _____
2. _____
3. _____
4. _____

(No Registrations accepted prior to January 1, 2024)

Mail Registration to John Milligan, 931 Carmichael Rd; Owego, NY 13827-3320

If you have any questions, please contact either

John Milligan, Registrar, at jmilligan@stny.rr.com or 607-201-4985 or

Mark Kucera, Director, at mark_j_kucera@yahoo.com or 914-423-8360