

# REGISTRATION FORM

**Early Registration is due by June 1** (this greatly helps in planning)

Mail or email form: ILYM, 5615 S. Woodlawn Ave., Chicago, IL 60637-1622, AdminCoor@ilym.org,  
OR register online at: ilym.org/2026AnnualSessions

**Please fill out completely & legibly. Requests for housing in cabins, electrical camping, and Clear Creek House need to be submitted by June 1.**

## PRIMARY CONTACT INFORMATION

First Name(s) & Last Name (s) \_\_\_\_\_

Monthly Meeting/Organization \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Cell phone (optional, for emergency contact): \_\_\_\_\_

## ATTENDEE INFORMATION

Attendees registering for virtual sessions will receive link information for that day.

Attendee Names (Adults & Children)	Children's Sessions*	High School Program*	On-site Housing/Diet ✓					Virtual Sessions ✓						
			Tent	Cabin	HS Bunkhouse	Other** (Specify)	Vegetarian***	Wed	Thu	Fri	Sat	Sun		

\*Complete a Children's Sessions Registration information for each child Middle School age and under, and a Medical Release form for each child under 18.

\*\*Use the comments section on reverse to request and present special needs for housing in Clear Creek House or campsites/cabin with electricity.

Submit requests for this special housing before June 1. Housing will be assigned after June 2.

Note: Requests for cabins, electrical camping spaces, and Clear House rooms made after June 1 may not be able to be filled.

\*\*\*Use the comments section on reverse to note additional dietary information, including allergies and restrictions.

## ADDITIONAL ON-SITE ATTENDEE INFORMATION

Day arriving \_\_\_\_\_ Day leaving \_\_\_\_\_

**Carpooling:**  I need a ride for \_\_\_ people.

I can offer a ride for \_\_\_ people to/from \_\_\_\_\_

I am available to provide transportation from/to the train station.

I need transportation from/to the train station.

Carpooling details/comments: \_\_\_\_\_

### Indicate meals needed:

Please use numbers  
for number of people  
eating each meal

	Wed	Thu	Fri	Sat	Sun
Breakfast					
Lunch					
Dinner					

*Note: The first meal served is Wednesday dinner  
and the last meal served is Sunday lunch.*

## OTHER HELPFUL THINGS FOR ALL ATTENDEES

This is my/our first ILYM.

Please add me to the ILYM email announcement list.

I am a nurse/doctor and am willing to be called upon in the case of an emergency.

Please include my contact information in the ILYM Directory (print and electronic, affirm every year).

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**Pets and smoking are not permitted on the ILYM Campus.**

Please note service animals in the following comments section.

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## COMMENTS

Please use the following space to describe needs for **ANY special accommodations (including food restrictions/allergies, housing in Clear Creek House, cabin or campsite with electricity).**

**CHILDREN'S SESSIONS REGISTRATION** (additional registration forms and medical release forms available at [ilym.org/2026AnnualSessions](http://ilym.org/2026AnnualSessions))

*Please submit the following information and a medical release form for each child under high school age.*

Child's Name: \_\_\_\_\_

Parent's/Sponsor's Name: \_\_\_\_\_ Parent's/Sponsor's Phone: \_\_\_\_\_

Child's Pronouns: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Grade (Entering in Fall): \_\_\_\_\_

Allergies: \_\_\_\_\_ Meeting/Organization: \_\_\_\_\_

1) **Children's Age Group:** Please **circle** which age group the child will be attending:

Baby Sitter & Childcare (under the age of 3 years)      Preschool Children (3–5-year-olds)      Primary Children (6–7-year-olds)

Intermediate Children (8–10-year-olds)      Middle School (10–13-year-olds)

2) **Children's Session Schedule:** Please **circle** which sessions the child will be attending:

Morning (8:45 am-noon):      Thur Morning      Fri Morning      Sat Morning      Sun Morning (8:15-12:15)

Afternoon (3:00-5:30 pm):      Wed Afternoon      Thur Afternoon      Fri Afternoon      Sat Afternoon

Evening (7:15-9:00 pm): *{Wed Eve babysitting only}*      Thur Evening      Sat Evening

*Notes: Parents are expected to sign thier children in and out Children Session's programs*

*Morning sessions are age-divided religious education classes with teachers, Afternoon and evening sessions are all-ages supervised activities/programs*

3) Does your child know how to swim? \_\_\_\_\_

4) What interests and knowledge does your child bring to a group?

5) Please share anything specific we should know about your child. How can we best support them during our time together?

## REGISTRATION FEES & PAY AS LED

The budgeted cost for this year's Annual Sessions is \$29,100. A daily fee has been calculated related to this cost and an estimated number of adults attending Annual Sessions. ILYM does not assess a fee for children and high school attenders. Considered costs include expenses for meals, on-site housing, programs, and infrastructure for on-site and virtual components.

A per day adult fee of \$55.00 reflects a representative amount if received by each adult attender that would be needed to cover the cost of Annual Sessions. This is viewed as a shared fee in that all adult attendees share the expenses of children and high schoolers attending without cost to their families, of having the facilities physically usable and virtually streamable, and for all programs. An alternative representative fee for virtual-only attendees is provided below.

ILYM realizes that attenders of Annual Sessions represent a diverse community of people. While many people are able to afford this representative daily fee, some people may not be able to afford paying this daily representative fee. And others would be able to afford paying more than the representative daily fee and would view this as helping to support the attendance of those who are not able to afford the representative daily fee.

In view of this understanding of the diversity of the ILYM community, ILYM has adopted a pay as led approach to covering the costs of Annual Sessions and to allow it to be affordable to a greater number of people.

## SUPPORTING THE COST OF ANNUAL SESSIONS AND HELPING IT BE ACCESSIBLE TO MORE PEOPLE

Please fill out the following daily fee calculation section. The totals are the representative costs ILYM will incur for your attendance at Annual Session.

### On-Site

*On-site days run from noon-ish of one day to noon-ish of the next day*

Day 1, Wed.–Thu.: # adults \_\_\_\_ x \$55 = \$ \_\_\_\_\_

Day 2, Thu.–Fri.: # adults \_\_\_\_ x \$55 = \$ \_\_\_\_\_

Day 3, Fri.–Sat.: # adults \_\_\_\_ x \$55 = \$ \_\_\_\_\_

Day 4, Sat.–Sun.: # adults \_\_\_\_ x \$55 = \$ \_\_\_\_\_

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

### Virtual

*Virtual days are calendar days, fill out if attending **only** virtually on that day*

Wed.: # adults \_\_\_\_ x \$15 = \$ \_\_\_\_\_

Thu.: # adults \_\_\_\_ x \$15 = \$ \_\_\_\_\_

Fri.: # adults \_\_\_\_ x \$15 = \$ \_\_\_\_\_

Sat.: # adults \_\_\_\_ x \$15 = \$ \_\_\_\_\_

Sun.: # adults \_\_\_\_ x \$15 = \$ \_\_\_\_\_

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

LATE FEE \$ \_\_\_\_\_ (After June 2, add \$10 per adult)

**Please take a little time to reflect on these above amounts.**

Enter in the following blank the amount you are led to provide to support the costs of Annual Sessions in view of making it affordable to all.

**AMOUNT LED TO PAY \$ \_\_\_\_\_** (Prepayment preferred)

Amounts higher than the total of the amounts in the On-Site/Virtual Cost Total and Late Fee lines will be considered as donations and will be used to help subsidize the cost of people attending Annual Sessions who are led to provide an amount under the representative daily fee.

**Make checks payable to Illinois Yearly Meeting** and mail to address on the top of the first page.

**Online payment available at [ilym.org/payfees](http://ilym.org/payfees)**