
How Fees Are Determined

All lodging fees are based on a complete occupancy theory; meaning, the more filled beds you have in your room, the lower your costs per person will be. So, if you stay at Lakeview Lodge then your fee for the week is \$1479, regardless of whether you are a single or you fill it up with four happy campers.

Conference fees cover faculty/staff subsidies, program expenses and meeting space. Our conference fees for 2024 will be: \$170 for those age 21 and over and \$160 for those under age 21. If you register by April 15 you will receive a discount of **\$10 per person!**

Scholarships

Scholarship assistance is available upon request (please email business manager for an application). These funds are designed to offset some of the costs for those who may otherwise choose not to attend *Winni*. All scholarship requests **must** be in writing and sent in with the **registration** to the Business Manager and will be reviewed and authorized by the Scholarship Committee. Notice of scholarship grant will be provided with final invoice and scholarships will only be given to lodging under \$1120 a week to prevent “upgrading”. If you are granted a scholarship and would like to “give back” by providing volunteer assistance during the week, please contact the Deans (Carrie and Travis Leap) about your willingness to do so.

Check In Reminder

REMINDER CHECK IN TIME 3:00 PM SAT AUGUST 3, 2024 AND CHECK OUT TIME 10:00 AM SAT AUGUST 10, 2024.

****Registration****

Registrations received before April 15 will be evaluated for accommodations as follows:

1. Those with disabilities/special needs
2. Seniority (“I resided there last year”)
3. Faculty/staff member status
4. Best use of space, or other criteria determined appropriate by the Business Committee.

“Seniority Status” can only be granted for registrations received prior to April 15. Registrations received after April 15 will be assigned lodging by date received. So, if you’d like to sleep in the same bed as last year then please have your registration completed with the room number and mailed prior to April 15.

Please **e-mail** the Business Manager, Leslie Dockendorff at jdock488@sbcglobal.net if you desire a more detailed description of lodging areas and amenities.

Pillows and blankets are standard for all rooms. **Linens** (two bed sheets, one pillowcase, two bath towels, and one wash cloth – towels renewed mid-week), however, are only included for the following rooms: Lakeview Lodge/Cabins, Gibbes, State Line, Cottage F, Cabin Z, and Chapel Line. Others may rent linens for **\$15.90 per set (extra towel set \$9.50)**. **This fee will be added to your May final invoice** after lodging assignments have been finalized. Please contact GPC (603-253-4366) directly to rent **motorized carts**.

Instructions:

1. Begin by completing your **identifying and contact information**.
2. Add your **children's names, date of birth, and grade this fall**.
3. Write in your **1st 2nd and 3rd** choice for lodging.
4. **Complete the Conference Fee Box**, lower right below including applicable discounts and total your fees.
The rates for lodging and meals are provided so you may estimate your final invoice.
5. **Sign the form**, mail this page **and your check payable to NNESRE for the Registration Fee ONLY**, to the business manager at the address provided. Please direct questions to the Business Manager's e-mail address below. *We'll be back in May with your final invoice and lodging location.* Also, if you know of someone who does not use e-mail but would like to receive this registration notice, then please clue us in.
And, in 'Winni Spirit' PLEASE share this document with friends and family!!

2024 "WINNI" REGISTRATION FORM -- April 15 Deadline for \$10 discount

First time at NNESRE? Please check here so that we may send you an introductory package _____

Those under 18 and not attending with a parent require an adult sponsor enrolled at NNESRE. Adult: _____

Special dietary Requirements: ***Dietary charge \$4.25 per meal (\$85/wk.) for all guests asking for vegan or gluten free.**

Name: _____

Address: _____

Phone: _____

e-mail address: _____

Number of days attending: _____

Child's Name - Date of birth- Grade this fall

Accommodations (add comments on back if necessary):

1st Preference:

2nd Preference

3rd Preference

<u>Lodging</u>		<u>Rates/wk.*</u>	<u>Sleeps (#rooms)</u>	<u>Weekly Meal Rates</u>	
Lakeview Lodge	full bath	1479	4 (10)	Full rate age 15+	375
Gibbes House	full bath	1403	2 (1), 3 (9)	Youth, age 13 thru 14	325
Lakeview Cabins	full bath	1479,1434	2 (4), 3 (2)	Child, age 3 thru 12	230
Cottage F	full bath	1210	3 (3)	Infant thru age 2	0
Trees	full bath	1031	4 (4)	Special diet (vegan, gluten free) per wk.	85
Cabin Z	full bath	1218	2 (1)		
Chapel Line Cabins	full bath	1219	4 (8)		
Pasture Line Cabins	½ bath	1120	10 (3)		
College Row Cabins	½ bath	968	6 (6)		
Peat and Repeat Cabins	½ bath	1120	7 (2)		
Cottage E	full bath	1120	4 (3)		
Dock Road Cabins	½ bath	968	7 (9)		
Malden 2nd floor	full bath	1524	8 (1)		
State Line Cabins	½ bath	1219	4 (4)		
Inn 1st	½ bath	762	1 (1)		
Inn 2nd	½ bath	762	2 (2)		
Inn 2nd	shared full bath	717	2 (8)		
Inn 3rd floor		n/a	2 (0)		
Tent with electric hook-up, RV		314, 404	4 / site (4)		
Tent w/o electric		287	4 / site (20)		

Mail this **signed registration form and your Conference fee check** payable to "NNESRE" to:

Leslie Dockendorff

Business Manager

488 Quinnipiac Ave.

North Haven, CT 06473

Jdock488@sbcglobal.net

(203) 915-6109

Conference Fee Box due Apr. 15

Age 21+ @ \$170.00: # _____ \$ _____

Age 3-20 @ \$160.00: # _____ \$ _____

Pre-Apr 15th Discount \$10 each # _____ (\$ _____)

Sr. Citizen (65) discount \$5 each # _____ (\$ _____)

First time at Winni discount \$10 ea.# _____ (\$ _____)

Total = _____

Linens: yes _____ no _____

Signed: _____

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN WITH REGISTRATION or FINAL INVOICE
All information will remain confidential and will not be retained

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD) **Plus a credit card fee of 3% will be added to total charges.**

I authorize **NNESRE** to charge the amount listed above including the credit card fee of 3% to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Leslie Dockendorff
488 Quinnipiac Ave.
North Haven, CT 06473
203-915-6109
Jdock488@sbcglobal.net