

## Registration Form

Missouri/Arkansas District Conference  
September 14 & 15, 2018

Please fill in this registration form to include each adult and child coming to District Conference, even if you are not staying overnight! Each form should be accompanied by a check for **\$25 per adult, \$35 after August 5<sup>th</sup>**. Children under 18 do not pay a registration fee. This registration fee helps cover the costs to the District for the conference. The food, lodging, commuter fee will be paid at the Windermere Registration desk upon arrival. **Registration forms are due by August 5, 2018.**

This form and your check should be sent to: **Missouri Arkansas District Office, P.O. Box 156, Cabool, MO 65689**. Make checks payable to MO/ARK District Church of the Brethren.

Name: List all persons who will stay in your room. Please give children's ages. Indicate if you wish to share a room.

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

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

Congregation or organization: \_\_\_\_\_

\_\_\_\_\_ I (we) will need lodging on Friday night, Sept. 14<sup>th</sup>.

\_\_\_\_\_ I (we) will not be using Windermere lodging. (There is a \$4 per day commuter fee that must be paid at the Windermere office when you arrive along with payment for your meals.)

\_\_\_\_\_ I am willing to share a room with people of the same gender.

\_\_\_\_\_ I (we) would like a room with handicapped facilities.

Please indicate the **number** of adults and children meals you will need:

**Adults    Children (ages 3-11)**

\_\_\_\_\_                  \_\_\_\_\_                  Friday Lunch 12:00 – 1:00 pm

\_\_\_\_\_                  \_\_\_\_\_                  Friday evening supper 5:30 – 6:30 pm

\_\_\_\_\_                  \_\_\_\_\_                  Saturday breakfast 7:30 – 8:30 am

\_\_\_\_\_                  \_\_\_\_\_                  Saturday lunch 12:00 – 1:00 pm

**I (We) have these dietary needs:** (Please indicate with a number if you are registering for more than 1 person.) none \_\_\_\_\_ vegetarian \_\_\_\_\_ gluten-free \_\_\_\_\_  
other needs or allergies (please list): \_\_\_\_\_

\_\_\_\_\_ My check for \$25 per adult is enclosed, **\$35 per adult if after August 5<sup>th</sup>**.

Signed: \_\_\_\_\_