Deadline for all registrations is June 29, 2009
Enclose $225 for Four-Day School (including lodging) $160 for Four-Day School (without lodging)
$35 Drive-in Day (including lunch) $10 Drive-in Day Care (Preschool, K-5)

$10 Kids' School (per child) $10 Youth Class (per youth) $10 Day Care (per child)
Send registrations and check made payable to: *West Michigan Conference UMW* to
Adele Paxson, 1332 Royce Avenue, Kalamazoo, MI 49001
269-343-2903 adelepax@charter.net

REGISTRATION - 2009 West Michigan Conference School of Christian Mission

Please send one registration form per adult. Fill out the separate form below for children and youth attending.

☐ **Four-Day School**
☐ **Drive-In Dav**

Name: _____ ☐Female ☐Male
(Name for name tag)

Address: _____
Street, P. O. Box City State Zip

E-Mail: _____Phone: _____Age Level: ☐18 - 29 ☐30-39 ☐40-49 ☐50-59 ☐60+

Roommate: _____ (Must be sent in together)

Emergency Contact: Name_____ Phone _____

Special food, equipment, transportation or lodging needs (This is a barrier-free facility.)

_____

_____

_____

Check all that apply. ☐ First Timer ☐Conference Officer ☐District Officer ☐Local Officer ☐Unit/Circle Member
☐Scholarship ☐Clergy ☐Missionary ☐Deaconess ☐College Student ☐Other ☐ I request clergy CE credit

Spiritual Growth Study: Food and Faith (everyone)

Choose **one o**ther study ☐ **Giving Our Hearts Away or** ☐ **The Beauty and Courage of Sudan**

Check Correct Categories		Submit Registration Form below for following	
❑ School (including lodging)	$225.00	❑ Youth Class (per youth)	$10.00
❑ School (without lodging)	160.00	❑ Kid's School (per child)	10.00
❑ Drive-in Day (including lunch)	35.00	❑ Day Care (per child)	10.00

Total_____

DAYCARE, CHILDREN AND YOUTH REGISTRATION FOR SCHOOL OF CHRISTIAN MISSION

Parent/Guardian's Name _____

Name_____Age_____Grade completed_____

Name_____Age_____Grade completed_____

Note any special needs (dietary/physical) _____

_____

Address_____City_____Zip_____

District_____Local Church _____City_____