



**REGISTRATION FORM**  
**2017 North Alabama Conference Mission U**  
**July 27 – 29, 2017**  
**JOINED AND HELD TOGETHER**  
**FOR THE TRANSFORMATION OF THE WORLD**  
Deadline for registration is July 14, 2017

BUILDING: _____
ROOM#: _____
CK #: _____
RCT: _____

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_ Roommate Choice \_\_\_\_\_

Local Church \_\_\_\_\_ District \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Special Needs: \_\_\_\_\_

(Example: Mobility, Language, Food, Vision, etc.)

Teaching a Mini School? Yes \_\_\_\_ No \_\_\_\_ Maybe \_\_\_\_

Please check all that apply:

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> First Time Attendee | <input type="checkbox"/> Unit Officer | <input type="checkbox"/> CEU Credit          | <input type="checkbox"/> District Officer       |
| <input type="checkbox"/> Female              | <input type="checkbox"/> Clergy       | <input type="checkbox"/> Study Leader        | <input type="checkbox"/> Conference Scholarship |
| <input type="checkbox"/> Male                | <input type="checkbox"/> Laity        | <input type="checkbox"/> Mission School Team | <input type="checkbox"/> District Scholarship   |

**Study Group Selection**

Everyone will take **Living As a Covenant Community** (Spiritual Growth Study)  
 A second study – **Missionary Conferences** will also be offered to those that wish to take it. There are three studies for Missionary Conferences. Please place a 1, 2 & 3 by order of preference:  
 \_\_\_\_\_ Missionary Conferences–Adult Study \_\_\_\_\_ In Mission Together–Youth Study  
 \_\_\_\_\_ Joined & Held Together– Children’s Study

**Registration Fee** (Registration is Thursday, July 27<sup>th</sup>, 1- 2 pm)

- |   |          |
|---|----------|
| <input type="checkbox"/> Full Time: \$168.00<br>(includes lodging and meals, based on double occupancy) | \$ _____ |
| <input type="checkbox"/> Commuter: \$38.00<br>+ Number of Meals<br>_____ x \$9/lunch                    | \$ _____ |
| _____ x \$12/dinner   | \$ _____ |

**Child Care Registration** (Child stays in room with adult.)

- |   |          |
|---|----------|
| <input type="checkbox"/> Under 5: Free        |          |
| <input type="checkbox"/> 5 Year Olds: \$35.00 | \$ _____ |
| Name: _____ Age _____ M or F (circle one)     |          |

**T-shirts** (Optional)

- T-Shirt: \$15.00  
 Circle Size: S M L XL XXL XXXL

If registration is received after July 14 <sup>th</sup> , t-shirts cannot be ordered.
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\$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO NACUMW AND MAIL WITH COMPLETED FORM NO LATER THAN JULY 14, 2017 TO:**

Teresa Aldrich, 103 Spring Street, Springville, AL 34146  
 Phone: (205) 863-8083 Email: teresacaldrich@gmail.com

**NEW: Health Form must be completed and provided at Registration.**

Camp Information for Emergency Only: (256) 539-9860

**DO NOT CALL CAMP FOR ANY REGISTRATION INFORMATION**

**Amount Enclosed: \$ \_\_\_\_\_**

Registration: Thursday, 1:00-2:00 pm Opening Plenary: 2:00 pm Program ends Saturday at 2:30 pm
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