



# Mission u

## Registration Form

### NORTHERN ILLINOIS CONFERENCE UNITED METHODIST WOMEN

Weekend Event -- Register by: July 1  
 July 12-15, 2018  
 Camp Reynoldswood  
 621 Reynoldswood Rd., Dixon, IL

One Day Event -- Register by: July 14  
 July 21, 2018  
 Gary United Methodist Church  
 224 N. Main St., Wheaton, IL

Name: \_\_\_\_\_ Are you attending Mission u for the first time?: Y N  
(as you would like it to appear on your name tag)

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

Address: \_\_\_\_\_  
(street) (city) (zip)

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

If you are a Conference or District UMW leadership team member, please indicate your position: \_\_\_\_\_

Special Needs (diet restrictions, mobility, visual, hearing etc.) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

**For weekend attendees only:**  
 First Choice for Second Class:  What About Our Money? A Faith Response  Missionary Conferences of the U.S.  
 Overnight accommodations will be at:  Camp Reynoldswood  I require a room on the first floor at the Camp.  
 Quality Inn or other off-site location  I do not need overnight accommodations.

<b>Weekend Event:</b>	Resident at Camp Reynoldswood	\$225	\$
	<i>Optional \$10 for linens—towel, washcloth, sheets, 1 blanket, 1 pillow--if you don't bring your own</i>	\$ 10	\$
	Commuter (includes all meals)	\$125	\$
	Deduct \$75 if this is your first time attending Weekend Event	\$-75	
<b>One Day Event:</b>	Adults	\$50	\$
	Youth and Children (ages 6-17) \$10 per child/youth, with a maximum of \$30 per registered adult		\$

**MAKE CHECK PAYABLE: NIC/UMW** Total Enclosed \$  
**MAIL TO: Linda Osikowicz, 21647 Inglenook Ln., Deer Park, IL 60010** **Deadline: July 1/July 14**

*\*No on-site registration for youth or children. Authorizations must be signed by parent, per Safe Sanctuary guidelines.\*  
 Authorization forms will be emailed to registering adult to be completed and returned to registrar.*

Provide names and ages of all children and youth, use reverse side if necessary:

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Child care provided for children ages infant-through age 5. Please bring a sack lunch for children age infant-5.

Confirmations will be sent by e-mail. If you wish one by mail, enclose a self-addressed stamped envelope.