

Mennonite Church USA Convention 2009

Children Registration Form

A separate form must be completed for each child. Make copies as needed. Online registration begins at 8 a.m. EST Dec. 1, 2008, at www.MennoniteUSA.org/convention. For more information, call 574-523-3049 or e-mail ConventionInfo@MennoniteUSA.org.

General information

First name _____ Last name _____
 Address _____ City _____
 State/Province _____ ZIP/Postal Code _____ Country _____
 Date of birth (mm/dd/yr) ____/____/____ Female ____ Male ____
 Grade completed by June 2009: _____
 Congregation _____ Area conference _____
 Parent/guardian name _____
 Home phone (_____) _____ - _____ Cell phone (_____) _____ - _____
 e-mail address _____
 Parent/guardian attending convention as (circle one) Adult Youth Sponsor Delegate

Special requests or needs

Please check any special needs.
 Deaf (ASL translation)
 Deaf (ESL translation)
 Wheelchair
 Blind
 Other (please specify) _____

Registration

K-5 full registration \$115 _____
 Daily K-5 registration _____
 (circle all the days that apply) We Th Fr Sa _____ days x \$ 30/day _____
 Preschool full registration \$100 _____
 Daily preschool registration _____
 (circle all the days that apply) We Th Fr Sa _____ days x \$ 28/day _____

Infant/Toddler registration (circle all sessions that apply)

Tu	We	Th	Fr	Sa	
	am	am	am	am	
	pm	pm	pm	pm	
eve	eve	eve	eve	eve	_____ sessions x \$10/session _____

Meals (Children younger than 6 eat free.)

Beginning with breakfast July 1, and ending with breakfast July 5. Please select preferred meal package.
 Please check if you are vegetarian _____

For children ages 6 to 10

Full meals (13 meals) \$140 _____
 Lunch only (4 meals) \$ 50 _____
 Dinner only (4 meals) \$ 60 _____
 Lunch and dinner only (8 meals) \$104 _____
 Daily lunch and dinner meal package _____
 Circle day(s) that apply We Th Fr Sa _____ days X \$30 _____

For ages 11 and older

Full meals (13 meals) \$188 _____
 Lunch only (4 meals) \$ 71 _____
 Dinner only (4 meals) \$ 94 _____
 Lunch and dinner only (8 meals) \$152 _____
 Daily lunch and dinner meal package _____
 Circle day(s) that apply We Th Fr Sa _____ days X \$ 39 _____

T-shirt

(Circle child's size) small medium large \$ 6 _____

Total balance due with registration _____

Liability Waiver

I agree and acknowledge that I am undertaking participation in Mennonite Church USA Convention 2009 events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in Mennonite Church USA Convention 2009 events and I do hereby assume responsibility for my own well-being and agree not to allow any other individual to participate in my place. I endorse the use of my photo in future Convention promotional materials.

_____ By initialing this space, I as a parent/guardian certify that I have read and understood the Liability Waiver above as it applies to my child.

Payment

_____ Check or money order enclosed

Charge my credit card: _____ Visa _____ Mastercard _____ Discover

Credit card number ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____ Expires: Month ____ Year ____ Security Code _____

Authorized signature _____

Printed name _____

Address _____ City _____

State/Province _____ ZIP/Postal Code _____ Country _____

Deadlines

March 31, 2009 Financial Grant application

April 30, 2009 Early registration

May 22, 2009 Medical Release Form

May 22, 2009 Meal package

May 22, 2009 Lodging reservation

Mail or fax your completed form to:

Mennonite Church USA Executive Leadership

Convention Planning

ATTN: Registrar

P.O. Box 1245

Elkhart, IN 46515-1245

Fax: 574-293-1892

Visit www.MennoniteUSA.org/convention