

Adult Registration Form

August 8-9, 2025 Northern Ohio District Conference

YOU MUST REGISTER BY JULY 25 IF YOU WANT TO ORDER MEALS

Send Registration Forms and checks to: Northern Ohio District, 1107 E. Main Street, Ashland, OH 44805

All delegates must also complete this form. Each congregation must provide a delegate authorization form signed by the church's pastor, moderator, board chair, or clerk. This is verification that the delegate has been chosen by the congregation to represent them at conference.

You may now also register on-line & print conference materials from the District Website:

<https://www.nohcob.org/ministries/conferences/district-conference>

PLEASE PRINT OR TYPE

Are you a Delegate? ☐ Yes ☐ No

Congregation Name _____

Your Name _____

Address _____
Street City State Zip Code

Phone Number (____) _____ **E-mail** _____

Is this your first conference? ☐ Yes ☐ No Do you want a Conference Book? ☐ Yes ☐ No

Registration Fee: \$25.00 pre-registration (\$35.00 on site) **Registration Fee:** \$ 25.00

Choose your meal options:

Friday Dinner ☐ \$12.00 Saturday Lunch ☐ \$8.00 Saturday Dinner ☐ \$12.00

Special dietary needs? _____ **Total Meals:** \$ _____

Camp lodging option*:

Friday Night
☐ \$25.00 ind. or ☐ \$50 for family (# in family _____)
Saturday Night
☐ \$25.00 ind. or ☐ \$50 for family (# in family _____)

*Continental breakfast included with overnight stay.

*People staying at the camp will need to bring their own bedding and towels.

Total Lodging: \$ _____

Are you attending the Pre-conference event? ☐ Yes ☐ No

Do you wish to receive CEU's? ☐ Yes ☐ No

Are you attending the Ice Cream Social Friday after worship?
(The cost is included in registration fees.) ☐ Yes ☐ No

Please add together your Registration Fee, Meal, & Lodging Costs

(Make checks to "Northern Ohio District")

Total Cost: \$ _____