



Joy in the Journey

November 6-8, 2020

REGISTRATION FORM

Name _____

Address _____

Email _____

Congregation _____

Emergency contact _____

Emergency phone _____

Dietary needs _____

To ensure appropriate room for mothers with infants, will an infant be in attendance?

Yes

No

Return this REGISTRATION FORM and CHECK for \$125 to Ohio Mennonite Conference at:

PO Box 210, Kidron, OH 44636

by Friday, October 9, 2020