

Ohio Conference of Mennonite Church USA
March 1-2 at Sharon Mennonite, Plain City, Ohio
DELEGATE Registration Form

Please register by
Feb. 9, 2024

Please print all names as they should appear on your name tag.
Check all options below that apply.

Adult 1 Name: _____
 F Delegate First-time delegate
 M Young adult delegate

Adult 2 Name: _____
 F Delegate First-time delegate
 M Young adult delegate

Address: _____

Phone: _____

E-mail: _____

Congregation/organization _____

Special needs or concerns we should know about:

LODGING: If you would like to request lodging with a host family, please indicate the number of beds needed here _____ and indicate in the space above any possible allergies. **Please note:** Host homes are assigned on a first come, first served basis. Please register **early**. It is suggested that persons using this option consider donating to Conference (through the offering time at ACA) an amount equivalent to half the amount they would have spent by staying in a hotel.

Registration fees are non-refundable.

Meals. Meals must be pre-purchased.

Pastor (and Spouse/Guest) Appreciation Meal. A special meal for **Ohio Conference** credentialed pastors **actively serving** in a congregation or other setting will be served **Friday at 5:30 p.m. at Der Dutchman Plain City.**

*****Hard copies of the Annual Report Book will be available ONLY at ACA. An electronic copy will be available on the website. IF you would like to receive a hard copy of the Annual Report Book in your registration packet, please indicate here with an "X":**

Registrant 1 name _____
 Registrant 2 name _____

Child Care. Child care will be available for all sessions.

***Please make a copy of this form for your records.

Child Care

Child's name	Age	Special needs

Persons permitted to pick children up:

Registration Fee (Adults)

	#	Cost	
Adults		x \$50 =	
Adults		x \$65 after Feb. 9 =	
Registration Fee Total			

Meals

	#	Cost	
Friday lunch <small>__ Vegetarian __ Gluten Sensitive</small>		x \$10 =	
Child's lunch (age 4-12)		x \$5 =	
Fri. Pastor Apprec. Meal <small>(include spouse/guest in your count if not registered for ACA)</small> <small>__ Vegetarian __ Gluten Sensitive</small>		x Free =	\$0.00
Friday dinner <small>__ Vegetarian __ Gluten Sensitive</small>		x \$12 =	
Child's dinner (age 4-12)		x \$6 =	
Saturday lunch <small>__ Vegetarian __ Gluten Sensitive</small>		x \$10 =	
Child's lunch (age 4-12)		x \$5 =	
Meals Total			

Registration Fee Total _____
Meal Total _____
TOTAL _____

Mail completed form with full payment by

Feb. 9, 2024

made payable to:

Ohio Mennonite Conference
PO Box 210, Kidron OH 44636
 330-857-5421

E-mail: ohmc@zoominternet.net



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