

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

Please register by
Feb. 9, 2024

Please print all names as they should appear on your name tag.

Adult 1 Name: _____
 ___ F ___ M

Adult 2 Name: _____
 ___ F ___ M

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.

Options during the worshipful work sessions:

- Will not be present for worshipful work sessions
- Will attend worshipful work sessions
- Service at Country Closet Thrift shop-Fri AM
- Service at Country Closet Thrift shop-Sat PM
- Service at Daily Needs Assistance-Fri AM
- Spiritual Practices

(See enclosed sheet for further details for all of these options)

*****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 ___ Vegetarian ___ Gluten Sensitive		x \$10 =	
Child's lunch (age 4-12)		x \$5 =	
Fri. Pastor Apprec. Meal ___ Vegetarian ___ Gluten Sensitive		x Free =	\$0.00
Friday dinner ___ Vegetarian ___ Gluten Sensitive		x \$12 =	
Child's dinner (age 4-12)		x \$6 =	
Saturday lunch ___ Vegetarian ___ Gluten Sensitive		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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of Mennonite
Church USA**