

MISSION U 2025 REGISTRATION AND HEALTH FORM

Please complete and return this registration form with check to:
Connie Hook, 645 Neil Avenue, #623, Columbus, OH 43215
chook27478@aol.com ~ 614-804-1763

Check Payable to: West Ohio Conference Mission u

PLEASE PRINT CLEARLY:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE: _____

EMAIL _____

PHONE (cell) _____ PHONE (h) _____ Do you text? _____

DISTRICT _____ CHURCH _____

____ I give my permission to be photographed, videotaped or interviewed for all Mission u school purposes, including added to the UWF web site.

IN-PERSON-SESSION (2 nights) *
____ \$250/person-single room-lodging & food
____ \$200/person-double room-food & lodging
____ \$15/person-youth- lodging & food
____ \$15/person-child – lodging & food
____ \$80/person-commuter-lunch & dinners
Registration deadline: June 1, 2025

VIRTUAL SESSIONS: Via ZOOM
____ \$25/person
____ Wednesdays: 7/9,16,23,30 7:00 p.m. to 9:00pm
OR
____ Thursdays: 7/10,17,24,31 10:00 a.m. to noon
Registration deadline: June 28, 2025

Please complete the following if you are attending the in-person event:

DOUBLE ROOM LODGING: My roommate will be _____ OR
____ Assign me a roommate.

Have you applied for a scholarship? ____ Martha Scholarship** ____ Mission u Scholarship***

Do you have mobility challenges? ____ Yes ____ No

Do you have medical dietary needs? ____ Yes ____ No

If Yes please explain _____

Are you requesting CEU's? _____ YES _____ NO

Can we communicate with you through email? ____ Yes ____ No (Over)

PLEASE NOTE: \$50 cancellation fee and no refund after June 1st. (Bergamo Life Long Learning Center is ADA accessible)

DEMOGRAPHIC INFORMATION:

Age _____ Race: _____ Black/African American _____ White _____ Asian _____ Latino/a/x
_____ American Indian or Alaska Native _____ Native Hawaiian or Pacific Islander _____ Other

If Other, please explain _____

*If the in-person fee is a hardship, please consider applying for a Mission u Scholarship:

**Martha Scholars are first-time attendees and will be in double occupancy rooms unless they are commuting. Awarded on first come basis. Application:

***Mission u Scholarships are allotted first come, first serve, up to \$100. Application:

MISSION u HEALTH FORM (in-person school attendees ONLY)

NAME _____ DATE of BIRTH _____

Insurance Company _____ Policy # _____

In case of emergency, please contact: _____ Relationship _____

Address of Contact Person: _____

Phone # _____

I am under treatment for: _____

I am taking the following medications: _____

Primary language spoken: _____

_____ (initials) – I give permission for Mission u staff to call 911 in case emergency medical treatment for myself is needed during this event.

Signature _____ Date _____

Thank you for completing the health form. If emergency assistance is required, we will share this information with medical personnel who can provide the best possible care.