ADULT YOUTH WORKER WORKSHOP AND RETREAT

August 13-14, 2010

To register, fill out the registration form below & send it with payment to:

EOC Adult Youth Leader Retreat, ATTN: Shawndelle Rivera

PO BOX 76019, Cleveland, OH 44101-4755

Questions? Contact Shawndelle Rivera at shawndelle@eocumc.com

Checks made payable to: East Ohio Conference – FUND #9693

Name_____ _____

Street Address_____

City, State, Zip_____

Phone (best # to get in touch with you)_____

E-mail Address _____

Gender ☐M ☐F

Church Name _____ City_____ District _____

I plan to attend:

☐ Retreat Only/$35 ☐ Workshop Only/$10 ☐ Both/$45

Method of Payment: ☐Check ☐Visa ☐MasterCard

Card Number | | | | | | | | | | | | | | | | Exp. Date: Month | | Year | |

CV V2 Code | | | Cardholder's Name _____Signature _____

(3-digit code on back of card)

Credit Card Address: _____ City: _____State _____ Zip _____

I hereby register in the above named event. I give permission for my name and address to be shared with my event group, and for still/video picture of me to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care as needed.

Signature: _____ Date: _____