

REGISTRATION

Adult Lodging Reservation



Name: Mr. & Mrs. Miss Mr. Mrs.

First M.I. Last

Address _____

Church: _____

Children staying with you:

Name _____ Age _____

Name _____ Age _____

Parent's signature for emergency medical treatment if children are entering 6th grade or younger:

Signature: _____

Please make your selections below:

- Reserve a single bed for nights checked in Adult Dorm.
- Reserve a room for married couple for nights checked.
 - All dorm rooms are \$20 per person per night
 - Children under 12 stay with parents at no extra charge.

(A REMINDER: No Linen Rentals - Bring bedding supplies.)

Days you will need lodging:

- Friday Monday
- Saturday Tuesday
- Sunday

Mail Lodging Portion
to address at right.

NOTE NEW ADDRESS for

**Please Mail
Lodging Reservations
and Payments to:**

**Connie Bancroft
1453 Electric Blvd
Alliance OH 44601**

**• Lodging payment checks to:
Malone University**

OFFICE USE ONLY

Assigned to Room # _____

- Blossom Hall Heritage Hall

FY United will use DeVol Hall and Haviland Hall.

Missionary Banquet Tickets Order Form

Saturday, July 16

4:00-6:00

or 7:00-9:00

*Please note:
In order to
accommodate
growth, we offer
two identical banquets.*

Missionary Banquet Reservations:

Johnson Center Fellowship Hall

Please select your time:

Early Edition • 4:00-6:00 pm

Later Edition • 7:00-9:00 pm

Total Number of tickets _____

Total Cost (\$15.00 each) _____

Child Care:

Nursery (Infant -3yrs.) available for both banquets in Johnson Center (Upper level).

Preschool (4 yrs. - K's) and Elementary Age Children will meet in Johnson Center, upper level and be served pizza during both banquets.

Teens not involved in the camping ministry or FY United are encouraged to attend the Missionary Banquet.

Mail Missionary Banquet and Children's Program reservations to:
EFC-ER
5350 Broadmoor Cir., NW
Canton, Ohio 44709
• Banquet & Children's Program
payment checks to: EFC-ER

Children's Program Enrollment

Please enroll the following children.

Payment enclosed Payment at registration

NAME

AGE

_____	_____
_____	_____
_____	_____

Mail this form to: EFC-ER
5350 Broadmoor Circle NW,
Canton, Ohio 44709