

# REGISTRATION

## Malone University Dorms *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.

**Mail Lodging Reservations and Payments to:**  
**Doris Dagy**  
 YM Registrar, Malone University  
 2600 Cleveland Ave., NW  
 Canton, OH 44709  
 • Lodging payment checks to:  
**Malone University**

## Missionary Banquet Tickets Order Form

Saturday, July 17

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 (\$14.00 each) \_\_\_\_\_

### Child Care:

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

**Preschool (4 - 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 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