

**2019 MISSION u/ Cooperative School of Christian Mission
3-DAY REGISTRATION FORM – SUBMIT ONE FORM PER PERSON
Georgian Court University, Lakewood July 12-14**

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 E-Mail _____
 Home Phone _____ Cell Phone _____
 Church _____ District _____



3-Day Registration

Check all boxes that apply

- Female Male Adult Youth Child Clergy First-Timer Commuter Lay Servant Re-Certification
 Choir Need Childcare CEU for Clergy UMW Conference Officer Special Accommodation _____
 UMW District Officer Mission u Team Member Study Leader Roommate Preference _____

Georgian Court University Lakewood, July 12-14	Costs	Select One Class
3-Day full time cost includes adult \$40 registration fee BEFORE JUNE 1	\$170	<input type="checkbox"/> Practicing Resurrection: The Gospel of Mark
3-Day full time cost includes adult \$40 registration fee BY JUNE 30	\$190	<input type="checkbox"/> UMW in Mission: 150 Years and Beyond
FIRST-TIMER 3-Day BY JUNE 30	\$150	<input type="checkbox"/> What About Our Money?
Commuter Meals ONLY; includes \$40 registration fee BY JUNE 30	\$130	<input type="checkbox"/> Conference Study: Just Mercy
Lay Servant Re-certification Please complete Page 2	\$15	<input type="checkbox"/> Spanish Study: Abrazar La Plentitud
Adult Order my study book to be picked up at Mission u.	\$10	
3-Day full time cost per CHILD BY JUNE 30	\$50	<input type="checkbox"/> Children's Study: Marked: A Journey with Jesus
3-Day full time cost per YOUTH BY JUNE 30	\$125	<input type="checkbox"/> Youth Study: Who Do You Say That I Am?
TOTAL COSTS		

Youth 3-Day Event - Ages 11 to 18. Must have completed 6th grade to 11th grade.
 Cost due by **June 30: \$125** Grade completed _____ Age _____
 Emergency Contact _____ Cell Phone _____

Children 3-Day Event Completed grades K - 3rd Completed grades 4th - 5th Age ____
 Cost due by **June 30: Tuition: Each child: \$ 50**
One Registration Page Per Child to accompany Guardian's registration form
 Guardian Attending: _____ Cell Phone: _____

For partial scholarships please contact Registrar Marcia Roebuck for an application.

Payment Method

- Check # _____ Amount \$ _____ Credit Card – Complete information on Page 2.

Complete one page per person with full payment. Checks made payable to Mission u/CSOCM.

Mail form to: Marcia Roebuck, 21 Franklin Place, Maplewood, NJ 07040
 Information: Marcia Roebuck (973) 763-6035 or marciaannroebuck@gmail.com

**To download additional copies of this form visit either GNJUMC.ORG/events/gnj-umw-mission-u-2019/
 or GNJUMW.org**

Clergy and Lay Servants: If you attend the Lakewood **3-Day** School,

You may qualify for 1 (one) clergy CEU credit or for Lay Servant Re-Certification.

Lay Servant Re-Certification

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____

Phone: () _____

Church: _____

Church 4-digit ID# _____

Address: _____

District/Region: _____

Attended Lakewood, July 12-14, 2019

Signature: _____

Pastor's Signature: _____

Registrar's Signature _____

For those who **complete** re-certification at Mission u and **paid in advance** the \$15 fee, your name and contact information will be sent to the Conference Director of Lay Servant Ministries when class is completed.

Lay Servant Re-Certification Instructions

- ❖ Pay \$15 fee for Re-Certification. Include fee with your class registration costs on page 1.
- ❖ Check Re-Certification on the CSOCM Registration form on page 1.
- ❖ Complete Re-Certification Registration Form with your Pastor's signature and submit with your registration form.
- ❖ Keep a copy of the form to be included with your Church Conference Annual Lay Servant's Report.

Payment & Refunds

No registration will be processed until **all fees are paid** or other arrangements are in writing.

Make **checks payable to "CSOCM"** and mail with your registration form with full payment to:

**Mission u/CSOCM
C/O Marcia Roebuck
21 Franklin Place
Maplewood, NJ 07040**

Or

Complete the credit card information below, or contact Marcia Roebuck to give her credit card information by phone and then mail this entire form to address above.

Credit Card Information

Visa Discover Card Master Card

Card Number

Security Code

Expiration Date (MM/YY) /

Name on the Card _____

Signature _____

Amount Charged \$ _____

The \$40 Registration fee is **NOT** refundable. Other fees may be refunded, if cancellation is received by June 30.