

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 with \$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 <https://www.gnjumc.org/events/gnj-umw-mission-u-2019/> or GNJUMW.org website