

Registration Form for the NWMA Gathering May 17 and 18, 2019 (for adults) *DUE MAY 6*****

Name _____

Address _____

Phone _____ **Email** _____

Church affiliation _____ **Town** _____

Dietary Restrictions: Gluten Free Vegetarian Diabetic Other: _____

Physical Needs _____

Arriving on Friday _____ **on Saturday** _____ **Approximate time:** _____

Meals needed: Friday dinner _____ (includes Saturday breakfast if staying overnight)
Saturday Lunch _____ (No breakfast for those attending on Saturday only)

Sleeping over? Yes No

Will bring own bedding etc: Yes No **(No bedding, pillow, towel etc is provided)**

Roommate request:

#1 _____ #2 _____

#3 _____ #4 _____

Assigned Lodging _____

Childcare request Yes No

Name of child/ children needing child care _____

Age of child/children needing child care _____

Scholarship request (for who) _____

Return to:

Rev. Loxley Koshnick loxbobkoshnick@arvig.net 1862 Brainard Circle Detroit Lakes, Mn.56501
218-849-2488

Information about children who are attending the NWMA Gathering May 17/18, 2019

One form must be filled in and signed for EACH child *DUE MAY 6*****

Name of child _____ Birth Date _____

Name of Parent/Guardian _____

Best Contact- phone _____

Primary email _____

Name of
2nd Parent/Guardian _____

Best Contact -phone _____

Primary email _____

Emergency Contact (Other than Parent/Guardian):

Name of this person _____

Best contact- Phone _____

Signature _____ Date _____

By signing this form, I, as parent, (or guardian) understand that I am giving my child permission to attend the ECMN NWMA Gathering at Northern Pines Camp and Retreat Center and authorize camp staff to seek necessary medical treatment in case of emergency or illness.

**Child is arriving on Friday _____ on Saturday _____
is staying overnight _____**

Meals needed: Friday dinner _____ (includes Saturday breakfast if staying overnight)
Saturday Lunch _____ (No breakfast for those attending on Saturday only)

Will bring own bedding etc: Yes No (No bedding, pillow, towel etc is provided)

Scholarship request (for who) _____

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