

# 2018 District Conference

## Non-Delegate Registration Form

South/Central Indiana District Conference

September 15, 2018

Grandview Church of the Brethren

Each person must fill out this form for him/herself and family who are attending. You may use the back of this form if necessary. **Please return this entire form.**

Congregation: \_\_\_\_\_

FULL Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ or Email: \_\_\_\_\_

**Registration.....\$15 each**

Includes lunch \_\_\_\_\_ Number of people x \_\_\_\_\_

**Total Reg.** \_\_\_\_\_

**Printed delegate booklet** \_\_\_\_\_ x \$5 each (to be picked up at registration) .....

(booklets will be emailed free to all who are registered)

**Total enclosed** .....\$ \_\_\_\_\_

**Child Care:**  Yes Names of children/ages \_\_\_\_\_

**Pre-registration required for lunch.**

**Registration deadline is August 20.**

*After August 20, registration is \$20.00 per person.*

### Mail form with payment to

S/C Indiana District CoB Office  
604 N Mill St  
North Manchester IN 46962

**Make checks payable to**  
South/Central Indiana District.

*Additional forms are available online  
at [www.scindcob.org](http://www.scindcob.org).*