

Adult Resident Registration
2024 Louisiana Conference UWF Mission u

Please print

Office Use Only	
Date	_____
Ck#	_____
Amt	_____

- | | |
|---|---|
| <input type="checkbox"/> Resident Student Private Room | <input type="checkbox"/> Resident Student Double Room |
| <input type="checkbox"/> Resident Student 3-4 to Room | <input type="checkbox"/> Non-Resident Student |
| <input type="checkbox"/> Need 1 st Floor Room (Please explain under Special Needs, below) | |

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Conference officer | <input type="checkbox"/> District Officer | <input type="checkbox"/> Local Officer |
| <input type="checkbox"/> Unit/Circle Member | <input type="checkbox"/> Clergy | <input type="checkbox"/> Study Leader |
| <input type="checkbox"/> Mission Personnel | <input type="checkbox"/> Deaconess | <input type="checkbox"/> Rooming with Teen/Youth |

Church: _____ District: _____

Name: _____ Female Male
As you want it on your name tag First-timer

Address: _____
Street or P.O. Box City State Zip Code

Telephone, Home: () _____ Cell: () _____

Email: _____

Preferred Roommate(s) _____

In case of emergency, contact: Name _____

Telephone, Home: () _____ Cell: () _____

Special Housing/Classroom Needs (Please be specific): _____

You may register and pay online at uwfla.org
Make check for \$20 (Registration fee), payable to: Louisiana Conference UWF
Mail check and registration form to: Robin Jones, 390 Freeman Loop Robeline, LA 71469
Phone: 318-228-3099 (Cell) Email: rjones1129@gmail.com
Your registration will be confirmed along with further information either by email or letter.