

2010 ORDER FORM AND NON-DELEGATE REGISTRATION

DEADLINE: September 24, 2010

NAME _____ **ADDRESS** _____

PHONE # _____ **CONGREGATION** _____

CHILD CARE *(please list allergies/medication information for your children)*

Friday, beginning at 6:30 pm - Infants through grade 5.

Name(s) _____ **Age(s)** _____

Saturday, beginning at 7:30 am - Infants through grade 5. Parents are responsible for feeding their children - Please bring a bag meal or purchase a **\$5 lunch** ticket below.

Name(s) _____ **Age(s)** _____

MEAL RESERVATIONS

Friday DINNER - 5:00 pm

Regular _____ tickets @\$10.00 Vegetarian
Children's meal _____ tickets @\$5.00

Saturday LUNCH

Regular _____ tickets @\$8.00 Vegetarian
Children's meal _____ tickets @\$5.00

TOTAL ENCLOSED FOR MEALS \$ _____

Please check if you have food allergies *type:* _____

Please check if you need handicapped accessibility

Please check if you need handicapped parking

BRETHREN HOMES LODGING REQUEST

Name(s) _____

Address & Phone # _____

Special Requests _____

**Make Checks payable to:
Mid-Atlantic District**

**Mail to: Mid-Atlantic District
PO Box 480, New Windsor, MD 21776**

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