

2011 ORDER FORM AND NON-DELEGATE REGISTRATION

DEADLINE: September 15, 2011

NAME _____ **ADDRESS** _____

PHONE # _____ **CONGREGATION** _____

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

Friday, beginning at 7:15pm - Infants through Kindergarten.

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

Saturday, beginning at 7:45 am - Infants through Kindergarten. 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 _____ tickets @ \$10.00
Children's meal _____ tickets @ \$5.00 (through age 6)

Saturday LUNCH

Regular _____ tickets @ \$11.00 Vegetarian _____ tickets @ \$11.00
Children's meal _____ tickets @ \$5.00 (through age 6)

TOTAL ENCLOSED FOR MEALS \$ _____

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

Please check if you need handicap accessibility

Please check if you need handicap 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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