



VOTING MEMBER REGISTRATION FORM

One registrant per form. If extra copies are needed, please make copies of the blank form in the Registration Booklet.

PLEASE PRINT ALL INFORMATION.

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Fax: _____ Cell Phone: _____

Business Phone: _____ Email: _____ Gender: _____

Local Church: _____

ADA Needs: _____

Please **PRINT** your name as you would like it to appear on your name badge: _____

I am registered as: _____

Please review the above listing. If it is incorrect, please check the appropriate category below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Voting Lay Member | <input type="checkbox"/> Voting Clergy Member (Elder)(Active) | <input type="checkbox"/> Voting Full-time Local Pastor |
| <input type="checkbox"/> Voting Youth Member | <input type="checkbox"/> Voting Clergy Member (Elder)(Retired) | <input type="checkbox"/> Voting Part-time Local Pastor |
| <input type="checkbox"/> Voting Young Adult (18-29) | <input type="checkbox"/> Voting Clergy Member (Deacon)(Active) | |
| <input type="checkbox"/> Voting Diaconal Minister | <input type="checkbox"/> Voting Clergy Member (Deacon)(Retired) | |
| <input type="checkbox"/> Voting Diaconal Minister (Retired) | <input type="checkbox"/> Voting Probationary Clergy Member | |

Payment is required with this form. Sorry, credit card payments cannot be accepted. Make checks payable to RMCUMC. (See Registration Instructions in booklet for Refund Policy.)

Please see reverse side for fee schedules, housing and meal options and record totals for all options below:

Registration Fee:	\$ _____	Mail this form before May 25, 2005 to: Rocky Mountain Conference Annual Conference Registration 2200 S. University Blvd. Denver, CO 80210-4797
Special Meals Total:	\$ _____	
TOTAL AMOUNT ENCLOSED:	\$ _____	

MEDICAL INFORMATION

Please fill out this form as completely as possible. No other medical release will be accepted.

Allergies: _____

Medications: _____

Special medical or dietary needs: _____

EMERGENCY CONTACT: _____ Phone: (_____) _____

MEDICAL/LIABILITY RELEASE FORM

This section must be completed in order for you to attend this event.

Adults: Please sign this form for yourself.

Youth & Children: Please have your parent or guardian sign the form.

I/my child will attend the Rocky Mountain Annual Conference of The United Methodist Church from June 15-18, 2005, at the Renaissance Hotel, Denver, Colorado. I will not hold the hotel, its staff, the event leadership, or the Rocky Mountain Conference responsible for any injury that may occur. I also give permission for any emergency medical or surgical treatment for my child/myself, if needed.

Signature: _____

Turn form over for Registration and Meals Worksheet and Housing Info