

# 2026 LWML Oregon District Convention



Join us as we “Fan the Flame of the Holy Spirit”

*For this reason, I remind you to fan into flame the gift of God, which is in you through the laying on of my hands, for God gave us a spirit not of fear but of power and love and self-control.*

(2 Timothy 1:6-7)

**June 26-28, 2026**

**St. Paul Lutheran Church & School, Roseburg, Oregon**

750 W Keady Ct, Roseburg, OR 97471-2749

## Registration Form

(Late Fee after June 10, 2026)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Church & City \_\_\_\_\_ LWML Zone \_\_\_\_\_

**Check all the boxes that describe you**

### VOTING ATTENDEE:

- |   |   |
|---|---|
| <input type="checkbox"/> Voting Delegate          | <input type="checkbox"/> Zone President                   |
| <input type="checkbox"/> District Elected Officer | <input type="checkbox"/> Past District President          |
| <input type="checkbox"/> Appointed Officer        | <input type="checkbox"/> Chairman of a Standing Committee |
|   | Committee Name _____                                      |

### NON-VOTING ATTENDEE:

- |   |  |
|---|--|
| <input type="checkbox"/> Convention Attendee                  | <input type="checkbox"/> Oregon District Pastoral Counselor          |
| <input type="checkbox"/> Alternate delegate                   | <input type="checkbox"/> Wife of OR District Pastoral Counselor      |
| <input type="checkbox"/> District Special Appointed Personnel | <input type="checkbox"/> Other LCMS Clergy (registration fee exempt) |
| <input type="checkbox"/> District Committee Member            |  |

### OTHER INFORMATION:

- |   |  |
|---|--|
| <input type="checkbox"/> First Time at Convention | <input type="checkbox"/> Young Woman (age 18-35) |
| <input type="checkbox"/> Exhibitor                | <input type="checkbox"/> Heart 2 Heart Sister    |
| <input type="checkbox"/> One-Day Only             |  |

**Registration Fee \$150.00**

Late fee after June 10 – additional \$20

**Saturday Only Registration Fee: \$100.00** which includes 2 meals (lunch and dinner)

**Exhibitor Table Fee: \$75.00**

**Meal Package: \$65.00**

Includes 5 meals: Friday lunch & dinner, Saturday lunch and dinner, Sunday boxed lunch.

If you have **dietary restrictions**, please list here \_\_\_\_\_

**Extras:**

Moving for Mites: **\$10.00** (Saturday morning)

Convention Pin: **\$ 5.00**

**Choir Participant:** yes \_\_\_ no \_\_\_ Circle one: Soprano1 Soprano2 Alto

Choir members will receive the music in the mail before Convention.

**Housing – Everyone is responsible for their own housing**

See the website ([www.lwmlor.org](http://www.lwmlor.org)) or the Oregon Leaguer for housing suggestions.

**Special Accommodations:** Wheelchair or other accessibility, ASL or other interpreters \_\_\_\_\_

**Add up your costs**

1. Registration: \$150.00 \$ \_\_\_\_\_

Add \$20 late fee after June 10

2. Meal Package: \$65.00 \$ \_\_\_\_\_

3. Saturday Only Registration & 2 Meals: \$100.00 \$ \_\_\_\_\_

4. Exhibitor Fee: \$75.00 \$ \_\_\_\_\_

5.Extras:  
Moving for Mites: \$10.00 \$ \_\_\_\_\_

Convention Pin: \$5.00 \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Print and mail all **3** pages including “Participant Information Form, Acknowledgement and Release”

**Make check payable to: “LWML Oregon District”**

**Mail to:** Connie Adams  
Attn: LWML Oregon District  
16241 S Bradley Rd  
Oregon City, Oregon 97045 (this is a secure, locked mailbox)

**Got Questions? Here’s help!** Connie Adams email: [cadamspx@yahoo.com](mailto:cadamspx@yahoo.com) phone: 503-833-2307 or  
See the website ([www.lwmlor.org](http://www.lwmlor.org)) or the Oregon Leaguer for more information



## Participant Information Form, Acknowledgement and Release

The purpose of the Participant Information Form, Acknowledgement and Release is to identify each person (a **“Participant”**) who wishes to volunteer with the Lutheran Women’s Missionary League (**“LWML”**) or participate in LWML-sponsored activities. As a condition to becoming a Participant, LWML requires each person to provide the following information and release LWML from any responsibility for his or her safety and well-being when volunteering for LWML and while participating in LWML-sponsored activities.

Name/Address: \_\_\_\_\_

Allergies and other known Health Risks/Problems: \_\_\_\_\_

Person to Contact in the Event of an Emergency (Name, Address, Telephone Number(s), and Relationship):

\_\_\_\_\_

Health Insurance Carrier/Policy Number: \_\_\_\_\_

Medications: \_\_\_\_\_

### **ACKNOWLEDGEMENT AND RELEASE**

I UNDERSTAND THAT TO BECOME A Participant, the LWML Oregon District (hereinafter referred to as District) requires me to acknowledge and agree that District assumes no, and disclaims all, responsibility for my safety and well-being while acting as a participant. In consideration of District permitting me to be a Participant:

- (a) I acknowledge that the information set forth above is complete and accurate;
- (b) I acknowledge and agree that District is an auxiliary agency of The Lutheran Church (Missouri Synod) and cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while being a Participant;
- (c) I release LWML and District, its directors, officers, employees and agents from all claims, demands, actions or causes of action that I may have, now or in the future, relating to or resulting from any illness or injuries (including death) suffered by me or my possessions while being a Participant; and
- (d) I consent to any medical treatment that LWML (or any of its authorized representatives) deems to be necessary or appropriate in the event of my illness, accident or other medical emergency, and I accept full financial responsibility for any fees or expenses relating to this treatment.
- (e) I further grant permission to the District and/or agents authorized by them to use any photographs, in web cast, video or audio recordings or any other record of this event for any purpose.
- (f) I hereby acknowledge that I have read this document and understand it. I further acknowledge that by signing below I voluntarily surrender certain legal rights.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

(If under 18) Parent’s Signature

Parent’s Printed Name