

You are God's Masterpiece



*For we are God's workmanship, created in Christ Jesus for good works,
(Ephesians 2:10a EHV).*

2022 LWML Oregon District Convention June 24-26, 2022 St. John Lutheran Church, McMinnville, Oregon

Registration Form –Late Fee after June 10, 2022

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Home Congregation _____ City _____

Home LWML Society _____ Zone _____

Check the boxes that describe you

- | | |
|--|---|
| <input type="checkbox"/> Regular Convention Attendee | <input type="checkbox"/> Exhibitor |
| <input type="checkbox"/> Voting Delegate | <input type="checkbox"/> District Board of Directors (voting) |
| <input type="checkbox"/> Non-voting Alternate delegate | <input type="checkbox"/> District Special Appointed Personnel
(non-voting) |
| <input type="checkbox"/> First Time at Convention | <input type="checkbox"/> District Committee Member (non-
voting) |
| <input type="checkbox"/> Young Woman (age 18-35) | <input type="checkbox"/> Oregon District Pastoral Counselor |
| <input type="checkbox"/> Heart 2 Heart Sister | <input type="checkbox"/> Wife of OR District Pastoral Counselor |
| <input type="checkbox"/> Past District President | <input type="checkbox"/> Clergy |

Registration Fee \$125.00

Late fee after June 10 – additional \$20

Meal Package: \$85.00

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

If you have dietary restrictions, please contact Char Kroemer at kroemer2@frontier.com or at (503) 487-7046.

Extras:

Moving for Mites (Saturday morning) \$10.00
Convention Pin \$ 5.00

Housing Suggestions – Everyone is responsible for their own housing –

Best Western, McMinnville, OR
2035 SW Hwy 99
503-472-4900

Comfort Inn, McMinnville, OR
2520 SE Stratus Ave
503-472-1700

RV Park: Old Stone Village
McMinnville, OR
4155 NE Three Mile Ln
503-472-4315

**Additional Accommodations – Bed & Breakfast and other Hotels in McMinnville. Google for additional information or go to <https://visitmcminnville.com/stay/>

Add up your costs

1. Registration: \$125.00 \$ _____
 Add \$20 late fee after June 10

2. Meal Package: \$85.00 \$ _____

3.Extras: Circle and calculate

Moving for Mites \$10.00 \$ _____

Convention Pin \$5.00 \$ _____

Total \$ _____

4. Finish and include in mailing, page 3: “Participant Information Form, Acknowledgement and Release”
Make check payable to “LWML Oregon District”

Mail to: Barbara Northrop
Attn: 2022 Oregon District LWML Convention
P.O. Box 1156
Eagle Point, Oregon 97524

Got Questions? Here’s help! Email to: Barbara Northrop at bnrnorthrop@centurylink.net

Registration questions: Barbara Northrop (541)-840-7027

See the website (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