

Registration for CCNC-N Annual Gathering 2018

April 20-21, 2018

Woodland Christian Church, 509 College St, Woodland, CA

REGISTRATION AND PAYMENT DUE BY APRIL 9, 2018

PLEASE FILL IN THE FOLLOWING INFORMATION FOR ALL PARTICIPANTS.

Registration Fees: (FOR REGIONAL PROGRAM REGISTRATION ONLY – DOES NOT INCLUDE HOTEL RESERVATIONS)

Friday and Saturday: Adults: \$140 ❖ Youth (6th-12th grades): \$65 ❖ Child (1st -5th grades): \$25 ❖ Children 0-5 yrs FREE!

Includes: Program and all meals

Saturday Only: Adults: \$110 ❖ Youth (6th-12th grades): \$35 ❖ Child (1st -5th grades): \$15 ❖ Children 0-5 yrs FREE!

Includes: Program and Saturday breakfast and lunch only

Please make your hotel arrangements separately. A block of rooms has been reserved at Best Western Shadow Inn 584 N. East Street Woodland CA 95776, 530-666-1251. (\$85/night plus tax and room fees, mention Disciples of Christ)

Name: _____
 Delegate Alternate Agency 1st Time Attendee DSF Student

\$

Name: _____
 Delegate Alternate Agency 1st Time Attendee Spouse

\$

Name: _____
 Child/youth – age _____ Delegate Alternate Youth Housing

\$

Name: _____
 Child/youth – age _____ Delegate Alternate Youth Housing

\$

SPECIAL PRE-EVENT PROGRAMS

Clergy Pre-Gathering THURSDAY April 19 from 2:00 – 6:00 pm \$15 x _____ (# of persons)

\$

Pre-Gathering FRIDAY April 20th from 12:00 – 2:30 pm
 A Lunchtime conversation on The Church and The Poor People's Campaign \$10 x _____ (# of persons)

\$

Total Amount Due by April 15, 2017

\$

**Attention Youth: ALL additional Youth Registration Forms and Health Forms are required to be in by April 9.
 Youth will stay overnight at Woodland Christian Church**

Vegetarian Meal Gluten Free Dairy Free or Vegan

Allergies (List all):

GENERAL INFORMATION (IMPORTANT - **PLEASE COMPLETE ALL BOXES)

**Address:

**Home Phone: () –

**Church Home (Name/City):

** Cell Phone: () –

**E-Mail:

**Emergency Contact Person:

**Phone: () –

PAYMENT INFORMATION (ALL REGISTRATIONS MUST INCLUDE PAYMENT)

All fee payments are to be made payable to **Christian Church of Northern California-Nevada**

Send payment to: **CCNC-N, ATTN: ANNUAL GATHERING, 9260 Alcosta Blvd, Ste C-22, San Ramon, CA 94583-4143**

CHECK ONE PAYMENT METHOD:

I am enclosing a check/money order in the amount of \$ _____ Check/Money Order # _____

Credit Card – VISA or Master Card only Please charge my Credit Card in the amount of \$ _____

Credit Card# _____ Expires _____ Verification Code: _____

Billing Zip: _____

Signature: _____

For Office Use Only

Date:

Amt: