

MISSION u 2026 REGISTRATION AND HEALTH FORM

Mail this registration form with check to:

Connie Hook, 645 Neil Avenue, #623, Columbus, OH 43215

Chook27478@aol.com ~ 614-804-1763

Payment: Check Payable to: West Ohio Conference Mission u (WOC Mission u)

PLEASE PRINT CLEARLY:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE: _____

EMAIL _____

PHONE (cell) _____ PHONE (h) _____ Do you text? _____

DISTRICT _____ CHURCH _____

____ I give my permission to be photographed, videotaped or interviewed for all Mission u school purposes, including added to the UWF web site.

IN-PERSON-SESSION (2 nights) *

____ \$275/person-single room-lodging & food

____ \$225/person-double room-food & lodging

____ \$15/person-youth- lodging & food

____ \$15/person-child – lodging & food

____ \$100/person-commuter-lunch & dinners

Registration deadline: **May 22, 2026**

(Scholarships Available)

VIRTUAL SESSIONS: Via ZOOM

____ \$30/person/\$100/group 4+

____ Wednesdays: 7/8,15,22,29
7:00 p.m. to 9:00pm

OR

____ Thursdays: 7/9,16,23,30
10:00 a.m. to noon

Registration deadline: **June 28, 2026**

(Scholarships available)

Please complete the following if you are attending the in-person event:

DOUBLE ROOM LODGING: My roommate will be _____ OR

____ Assign me a roommate.

I would like to apply for: ____ **Martha Scholarship (full scholarship, double occupancy room, first time attendee)
____ ***Mission u Scholarship (\$100, double occupancy room, if in-person), first come basis
(Connie Hook (chook27478@aol.com) or 614-804-1763) will notify you if awarded;

Do you have mobility challenges? ____ Yes ____ No

Do you have medical dietary needs? ____ Yes ____ No

If Yes please explain _____

Are you requesting CEU's? ____ YES ____ NO

Can we communicate with you through email? ____ Yes ____ No

PLEASE NOTE: \$50 cancellation fee and no refund after May 22nd. (Bergamo Life Long Learning Center is ADA accessible)

DEMOGRAPHIC INFORMATION:

Age _____ Race: _____ Black/African American _____ White _____ Asian _____ Latino/a/x

_____ American Indian or Alaska Native _____ Native Hawaiian or Pacific Islander _____ Other

If Other, please explain _____

****If the in-person fee is a hardship, please consider applying for a Mission u Scholarship:***

*****Martha Scholars are first-time attendees and will be in double occupancy rooms unless they are commuting.***

Awarded on first come basis.

******Mission u Scholarships are allotted first come, first serve, up to \$100.***

MISSION u HEALTH FORM (in-person school attendees ONLY)

NAME _____ DATE of BIRTH _____

Insurance Company _____ Policy # _____

In case of emergency, please contact: _____ Relationship _____

Address of Contact Person: _____

Phone # _____

I am under treatment for: _____

I am taking the following medications: _____

Primary language spoken: _____

_____ (initials) – I give permission for Mission u staff to call 911 in case emergency medical treatment for myself is needed during this event.

Signature _____ Date _____

Thank you for completing the health form. If emergency assistance is required we will share this information with medical personnel who can provide the best possible care.