



# 2023 WESTERN PA DISTRICT CONFERENCE

**Saturday, October 21, 2023 – 9:00 am**

**CAMP HARMONY - 1414 Plank Rd, Hooversville, PA 15936**

*\*Participants recommended arrival time is 8:30*

## **CONFERENCE REGISTRATION FORM**

**CHURCH** \_\_\_\_\_

Number of **DELEGATES** \_\_\_\_\_ **NON-DELEGATES** \_\_\_\_\_ @ \$25.00 each

**TOTAL REGISTRATION FEE** \$ \_\_\_\_\_

[ \$25.00 registration covers registration materials, meal and beverages, facility fee ]

**There will be NO on site registrations this year. Please complete this form and send to the District Office by OCTOBER 1, 2023.**

***Make ONE check for ALL participants payable to:***

Western PA District COB, 115 Spring Road, Hollsopple PA 15935-7412

Before mailing to the District Office, please copy this form for your records.

**WE ARE EXCITED TO BE MEETING AGAIN IN PERSON THIS YEAR! THE PROGRAM AND ARRANGEMENTS COMMITTEE IS WORKING HARD TO MAKE SURE THAT EVERYONE IN ATTENDANCE WILL BE COMFORTABLE AND SAFE.**  
**PLEASE BE CONTINUE TO BE CAUTIOUS AND CONSIDERATE OF OTHERS.**

Each Church may have **NO MORE THAN 4 DELEGATES** represented.

◆ **Delegate Representation (Choose 4 individuals from the list below)**

- Elected Delegates for 2023
- Pastor
- Board or Church Leadership Team Chair
- Commission or Team Chairs  
(Ministry, Nurture, Stewards, and Witness **OR** an authorized/appointed representative of those commissions)
- Youth Representative

◆ **Non-delegate Representation (Each congregation is allowed 2)**

**Registration form on the other side** → → → → →

**THERE WILL BE RESERVED SEATING AREAS NEAR THE ENTRANCE TO THE MAIN HALL  
FOR THOSE THAT REQUEST IT ON THIS FORM.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I will require a box lunch

\_\_\_\_\_ I will not require a box lunch

Food Allergies or requests: \_\_\_\_\_

Special seating request: YES NO

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I will require a box lunch

\_\_\_\_\_ I will not require a box lunch

Food Allergies or requests: \_\_\_\_\_

Special seating request: YES NO

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I will require a box lunch

\_\_\_\_\_ I will not require a box lunch

Food Allergies or requests: \_\_\_\_\_

Special seating request: YES NO

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I will require a box lunch

\_\_\_\_\_ I will not require a box lunch

Food Allergies or requests: \_\_\_\_\_

Special seating request: YES NO

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I will require a box lunch

\_\_\_\_\_ I will not require a box lunch

Food Allergies or requests: \_\_\_\_\_

Special seating request: YES NO

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I will require a box lunch

\_\_\_\_\_ I will not require a box lunch

Food Allergies or requests: \_\_\_\_\_

Special seating request: YES NO