

# SOCM Registration adult child intermediate youth

Check one:

Grades 1-4

Grades 5-8

Grade 9-12

Return to registrar: **Betty Bailey 2179 Right French Creek Rd. St. Marys, WV 26170**  
Make checks payable to: **WV Conference – UMW**

Please print:

Name \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Local Church \_\_\_\_\_ District \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_

Desired Roommate \_\_\_\_\_ name \_\_\_\_\_ relationship \_\_\_\_\_ phone # \_\_\_\_\_  
Car License # \_\_\_\_\_ Cell phone # \_\_\_\_\_

For those with cars on campus

If carrying one on campus

## Fee Schedule—please check each appropriate line

**Dorm Resident:** \_\_\_\_\_ **Registration, room and board \$100** (includes meals)

\_\_\_\_\_ **Air conditioned room ----add \$10.00**

**Special accommodation needs** \_\_\_\_\_

**Commuter:** \_\_\_\_\_ **Registration \$20**

### Meals

Breakfast: \$5.30 \_\_\_\_\_ Fri. \_\_\_\_\_ Sat

Lunch: \$6.35 \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat.

Dinner: \$7.65 \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri

\_\_\_\_\_ **Amount included for commuter meals**

\_\_\_\_\_ **Total Amount included :**

**If staying at a motel, list the name of the motel and phone #**

## Complete this section for children and youth:

What grade will you be in next year? \_\_\_\_\_

Name of accompanying adult for child or youth \_\_\_\_\_

Relationship of accompanying adult \_\_\_\_\_

**All children and youth will be housed with accompanying adult.**

**Class Selection:** Adults will participate in two classes, all will take the *Food and Faith* study

and select one of these: \_\_\_\_\_ *Native American Indians* \_\_\_\_\_ *Sudan*

**One class option:**

If you wish to only take one class, please list your selection \_\_\_\_\_

I am a: (check all that apply)

\_\_\_\_\_ First timer \_\_\_\_\_ Layperson \_\_\_\_\_ Clergy \_\_\_\_\_ Scholarship Recipient

\_\_\_\_\_ Local unit officer \_\_\_\_\_ District Officer \_\_\_\_\_ Conference Officer \_\_\_\_\_ Conf. Nom. Comm

Name & Phone # of Physician \_\_\_\_\_

A list of all medications should be in your name tag holder. A list of all physical conditions that you are under treatment for should also be in your name tag holder---including any recent surgeries.