

MOUNTAIN SKY CONFERENCE EVENTS
REGISTRATION SITE INFORMATION

Send to Shelley Rabern at registration@mtnskyumc.org 303-389-9455

Name of event _____

Event chair/contact _____

Phone _____ email _____

Conference event ____ District event ____ Other ____

Committee or Board: _____

Who should be included in contact regarding this event?

Name

Email

Date/s:

Day

Times

Location of event _____

Address _____

Date for event registration to be active? _____

Description of event as you want it to appear on the registration cover page:

Is there a fee being charged? ____ Yes ____ No

Fee? \$ _____

Is there a late fee? ____ Yes ____ No

Late Fee? \$ _____ Starting on what date? _____

Account code funds get applied to: _____

Will this be ____ individual or ____ group registration?

Is there a minimum age? ____ Yes ____ No What is it? _____

Are you providing on-site childcare? ___Yes ___No

If yes, do you need that info included on the website? _____

Do you need a Zoom log-in for people to join remotely: ___Yes ___No

Cancellation Policy: (ie: last day to cancel for full refund; fee for cx)

Please mark information to be collected on registration form (the standard ones are already marked for you):

<input checked="" type="checkbox"/> First name	<input checked="" type="checkbox"/> Last name	___ Name for namebadge
___ mailing address	<input checked="" type="checkbox"/> email	___ X_ phone
___ alternate phone	___ Birthdate <small>(required for under 18)</small>	___ District
___ Status (Clergy/Lay)	___ Church w/City	___ 2 nd church
___ Emergency contact info	___ Accessibility needs	
___ Medications	___ Will food be served?	___ Special dietary needs
___ Liability release	___ Adults release	___ Youth release
___ Photo release	___ Lodging needs	___ Single room
___ Single room fee \$ _____	___ Room mate	___ Room mate fee \$ _____
___ Safe Sanctuary		

Website/calendar/newsletter info:

Other requests:
