

Section A HEALTH FORM

All Participants MUST Register, even for 1 day. A 2024 HEALTH FORM MUST BE COMPLETED WHEN YOU CHECK-IN.

Section B NAME - ADDRESS INFO

Name as to appear on Name Tag: (Below)		Email Address (Below)		
Mailing Address:		City	State	Zip Code
Phone #:	District	Local Unit/Church		
First Time:	Is this your First Time participating with an SER event? () yes () No			

SECTION C DISTRICT & CONFERENCE OFFICERS - ONLY

All District and Conference Officers will pay Registration Fee plus any balance not covered by the 2024 reimbursement rate of \$65. If you are on the 2025 Slate of Nominations for Office, check Other.

District Office	Nominated for the office of: (Below)
Conference Office	

SECTION D LODGING *If you don't list a roommate and you wish a Double Room, a roommate will be assigned to you.*

ONE NIGHT	Occupancy	Per Person PER Night	<i>Single rooms are limited; therefore all request may not be honored. First come - First served.</i>	
LINWOOD				
	Double	\$ 43.00		\$ -
	Single *	\$ 69.50	No roommate*	\$ -

COMMUTER - NO LODGING *Check Here*

NOTE: All campers are to furnish their own linens, including blanket, pillow and towels. Most rooms have twin beds with a few having queen. An email will be sent telling you which size bed you have.

SECTION E MEALS

To get accurate Meal count, please indicate by putting 1 or 0 in the # Column Below

	#	COST	Enclosed Total
1	Friday Dinner	\$ 10.00	\$ -
2	Saturday Breakfast	\$ 7.75	\$ -
3	Saturday Lunch	\$ 9.50	\$ -

SECTION F REGISTRATION, LATE FEES & TOTALS

1	SUBTOTAL Section D and E		\$ -
2	<i>District & Conference Officers can deduct \$65 for this 24-hr period from the Total Due. Put in as a Negative #, no more than \$65.</i>		
3	SUBTOTAL Line 8 and 9		\$ -
	<i>(can't be a negative number, enter zero instead)</i>		
4	Late Fee if postmarked after Due Date	\$10.00	
5	Registration Fee -	Required Fee	\$ 20.00
6	TOTAL OWED & ENCLOSED	<i>Please add all Lodging + Meals + Registration+ Late Fee</i>	#REF!

SECTION G: ADDITIONAL INFORMATION

Where did you learn about SER?

Who invited you to SER?

Special Needs (dietary or physical):

Make all checks payable to AWF-UMW

Mail to: Cynthia Brown, Conference Treasurer cynthiabrown350@gmail.com
 2151 Double Bridge Ferry Road 334-202-2469
 Eclectic, AL 36024

ALABAMA-WEST FLORIDA CONFERENCE - UNITED WOMEN OF FAIATH
 REGISTRATION FORM
 2024 SPIRITUAL ENRICHMENT RETREAT
 DATE & LOCATION: OCTOBER 25-26, 2024 BLUE LAKE CAMP
 EVENT: 10/18/24
 REGISTRATION DEADLINE: 10/18/24

District Officer
Conference Office
SEJ Officer
National Officer

**ALABAMA-WEST FLORIDA CONFERENCE
UNITED WOMEN IN FAITH HEALTH FORM**
For the Calendar Year

Authorization for Emergency Medical Treatment Form

Name	DOB

Home Phone	Contact Person's Phone	Your Cell Phone

Physician's Name	Phone #

Health Insurance Company	Policy #	Group #

Allergies to medications:

Other Allergies (food, animals)

Conditions that treating personnel might need to be aware of:

In the event emergency medical aid/treatment is required due to illness or injury during my stay at a UWFaith event, I authorize ALWF UWFaith to call/contact:

Name	Relation	Phone #	Alt. Phone #

Name	Relation	Phone #	Alt. Phone #

PLEASE CHECK ONE OF THE BELOW PLANS

In the event emergency medical aid/treatment is required due to illness or injury during my

1. Secure and retain medical treatment and transportation if needed.
2. Release my health information to the authorized individual or agency involved in the medical emergency treatment.
3. I hold harmless the AWF-UWFaith Conference United Methodist Women, the ALWF

Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid in the cases of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place:

I hold harmless the AL-WFL Conference United Women in Faith, the ALWF Conference, The United Methodist Church and/or the owners of the facility for which the event is taking place for any act or failure to act during a medical emergency.

Your Consent Signature

Date

witness Signature

Date

Alabama-West Florida Conference United Women in Faith Scholarship Event Application

Three scholarships will be awarded to Annual Day and three to Soul Care Retreat. Preference for awarding a scholarship will be given to applicants who meet one of the following criteria:

First timer, Under 39, new member of AWF-UW Faith having joined in the last year

Please check the event you are interested in attending:

Annual Meeting

Soul Care Retreat

Terms of the agreement:

- a. A committee of the Secretary, Coordinator for Spiritual Growth and the Vice President will review your applications and choose one scholarship recipient per event.
- b. The recipient and the Conference Treasurer will be notified two weeks prior to the event.
- c. The recipient must submit an event registration form immediately to the Conference Registrar.
- d. Registration fee will be covered by the Conference Treasurer.
- e. If you are chosen and unable to attend, funds will revert to the scholarship fund. F. f.
- f. Applications must be submitted to the Conference Secretary thirty (30) days prior to the event. Only applications received prior to the deadline will be considered. SEND TO: DEBBIE BELL, 9640 Sky Vista Dr., Semmes, AL 36575 / mawbel36575@yahoo.com

Name: _____

Address _____

Phone Number(s) _____

Email Address _____

AWF Conference District _____

Local Church _____

Age Group

12 & under

13-18

19-30

31-50

51-60

61-70

**Alabama-West Florida Conference United Women in Faith
Scholarship Event Application**

1. Have you previously applied for a scholarship offered by Alabama-West Florida Conference United Women in Faith? If yes, please explain.

2. Why would you like to receive this scholarship?

3. Why would you like to attend this specific event?

4. How are you involved in United Women in Faith in your local church? If available, dates and events will be helpful.

5. How will you share your event experiences with others following the event?

Thank you for submitting this application. Please sign below acknowledging you have read and understood the terms of the scholarship agreement outlined in this document.

Signature _____ Date _____

Rec'd by AWF-UW Faith _____