

**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](mailto: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**

**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**

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

DOUBLE ROOM LODGING: My roommate will be \_\_\_\_\_ OR  
\_\_\_\_ Assign me a roommate.

Have you applied for a scholarship? \_\_\_\_ Martha Scholarship\*\* \_\_\_\_ Mission u Scholarship\*\*\*

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 22<sup>nd</sup>. (*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 \_\_\_\_\_

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\*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. Application:

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

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**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.*