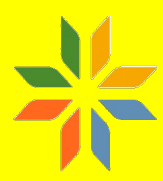


Section A		HEALTH FORM	
All participants must complete registration. A health form and COVID Screening must be completed upon arrival.			
Section B		NAME - ADDRESS INFO	
Name as to appear on Name Tag: (Below)		Email Address (Below)	
Mailing Address:		City	State
Phone #:		District	Local Unit/Church
First 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 2022 reimbursement rate of \$65. If you are on the 2023 Slate of Nominations complete below			
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	
LINWOOD			
	Double	\$ 35.50	\$ -
	Single *	\$ 58.00	\$ -
No roommate*			
CENTER SECTION			
	Double	\$ 29.50	\$ -
RV Park			
	Hookup	\$ 20.00	\$ -
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
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	District Presidents & Conference Officers can deduct \$65 for this 24-hr period from the Total Due. Put in as a Negative #, no more than \$65		
3	SUBTOTAL Line 8 and 9		\$ -
4	(can't be a negative number, enter zero instead)		
4	Late Fee if postmarked after Due Date	\$10.00	
5	Registration Fee -	Required Fee	\$ 18.00
6	TOTAL OWED & ENCLOSED		
Please add all Lodging + Meals + Registration+ Late Fee			
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 FAITH
 REGISTRATION FORM
 EVENT
 DATE & LOCATION
 REGISTRATION DEADLINE
 9/23/22
 2022 SPIRITUAL ENRICHMENT RETREAT
 OCTOBER 7 - 8, 2022
 BLUE LAKE METHODIST CAMP



United
 Women
 in Faith



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 #

Masks are optional unless the CDC or State of Alabama changes their policies prior to the event. A COVID Screening document will be asked to be completed upon arrival. A registered nurse (RN) will be on site in case of emergencies.

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 UMW event, I authorize ALWF UMW to call/contact:

Name	Relation	Phone #	Alt. Phone #
Name	Relation	Phone #	Alt. Phone #

PLEASE CHECK ONE OF THE BELOW PLANS

Consent Plan

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

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 Conference UWFaith, the AWF 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.

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 AWF Conference United Women in Faith, the AWF 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