**ROSTERED MINISTERS GATHERING REGISTRATION**

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| **Instructions:**Please use this form if you are having difficulty registering online and return to Pastor Josh Evans (jevans@mcselca.org) by the registration deadline (Friday, August 26, 11:59 p.m.)Fields marked with an asterisk (\*) are **required**. |

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Congregation or Ministry Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I am attending as: \_\_\_ Minister of Word and Sacrament

\_\_\_ Minister of Word and Service

\_\_\_ Retired Minister of Word and Sacrament

\_\_\_ Retired Minister of Word and Service

\_\_\_ Synod Staff/Other

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| **The cost for all attendees is $100.** This includes overnight lodging, all meals, and gathering materials. **Scholarships are also available.** Please contact Pastor Wyvetta Bullock (wbullock@mcselca.org) for more information prior to registering. |

\*Transportation Options:

\_\_\_ I will drive myself.

\_\_\_ I will plan to carpool with others (and will make our own arrangements).

\_\_\_ I would like to carpool with others

(and am interested in joining others without pre-existing arrangements).

\_\_\_ I would like to carpool and can be a driver for others.

*How many passengers (not including yourself) can you comfortably and safely accommodate? \_\_\_\_\_\_\_\_\_\_\_*

Please indicate any food allergies or dietary restrictions:

\_\_\_ Gluten-Free \_\_\_ Lactose-Free

\_\_\_ Vegan \_\_\_ Vegetarian

\_\_\_ Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_ Allergies (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Do you have any accessibility needs or considerations we should be aware of? We will do our best to accommodate all requests. If you have any concerns, please contact the synod office.

\*COVID-19 Acknowledgment: The Metropolitan Chicago Synod is closely monitoring developments related to the coronavirus (COVID-19) pandemic and will follow local and state guidelines for this event. All attendees will be required to comply with safety protocols established by the synod at the time of the event.

\_\_\_ Yes, I agree to comply with the above COVID-19 Safety Acknowledgement

for attending the Rostered Ministers Gathering.

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| **\*PAYMENT INFORMATION** |
|  | Qty | Amount | Total |
| FullRegistration | 1 | $100 |  |
| Registration with Scholarship | 1 | $0 |  |
| Sponsor a Full Scholarship |  | $100 |  |
| Sponsor a Partial Scholarship | n/a | n/a |  |
| **\*TOTAL** |  |

\*Please select an option: \_\_\_ Email me a PayPal invoice.

\_\_\_ I will send a check to:

Treasurer

Metropolitan Chicago Synod, ELCA

9448 Eagle Way

Chicago, IL 60678-1094

Checks payable to:

Metropolitan Chicago Synod

Please include your name and email address

with your payment.

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| **RETURN THIS FORM TO PASTOR JOSH EVANS****jevans@mcselca.org****Registration Deadline:****Friday, August 26, 11:59 p.m.** |