

Registration for adults

(one person per form; print additional forms as needed)

- Commuter Dorm Resident Single Room
 Suite Resident Double Room

Special Needs: _____

Name _____

Name to appear on nametag _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- Check age range: 18-25 26-40
 41-55 56-70 Over 70

Congregation _____

If under 18, name of parent or adult _____

Name of preferred roommate(s) _____

Have you attended Synod School before? Yes No

If not, would you like a "buddy" to introduce you to Synod School? Yes No

Indicate 1st and 2nd choices for each period:

All-day	All-morning	Morning 1	All-afternoon	Afternoon 1
01 _____	02 _____	09 _____	35 _____	42 _____
	03 _____	10 _____	36 _____	43 _____
	04 _____	11 _____	37 _____	44 _____
	05 _____	12 _____	38 _____	45 _____
	06 _____	13 _____	39 _____	46 _____
	07 _____	14 _____	40 _____	47 _____
	08 _____	15 _____	41 _____	48 _____
		16 _____		49 _____
		17 _____		50 _____
		18 _____		51 _____
		19 _____		52 _____
		20 _____		53 _____
		21 _____		54 _____
		Morning 2		Afternoon 2
		22 _____		55 _____
		23 _____		56 _____
		24 _____		57 _____
		25 _____		58 _____
		26 _____		59 _____
		27 _____		60 _____
		28 _____		61 _____
		29 _____		62 _____
		30 _____		63 _____
		31 _____		64 _____
		32 _____		65 _____
		33 _____		66 _____
		34 _____		



Make checks payable to:
Synod of Lakes and Prairies

Mail checks to:
Synod School
2115 Cliff Drive
Eagan, MN 55122-3327

E-mail form to:
jpalmer@lakesandprairies.org
with "Synod School" as the subject