

LWML Montana District Convention

April 24—26, 2020

Trinity Lutheran Church and School
537 Grand Avenue, Billings, Montana



NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

Phone _____ Email _____

VOTING DELEGATE – (Pastor's Signature **for Delegates only**)

Check all that apply:

LWML Member Guest Young Woman (ages 18-35)

District Board Member Pastor Past LWML Montana President

CHURCH _____ CITY _____ SOCIETY _____

Mass Choir Servant Event @ Trinity Lutheran Church
Friday Rehearsal: 4 – 5:30 p.m. Friday, April 24, 1 – 4 p.m.

Interpreter for the Deaf Needed Food Allergies _____

Early Registration (Includes Friday supper, Saturday lunch and banquet) \$80 _____

Registration, received after April 1, 2020 \$90 _____

Banquet tickets (each additional one) \$20 _____

Convention Aprons \$15 each # ordered _____ \$ _____

Total Enclosed: \$ _____

Make checks payable to: LWML Montana District Convention 2020

Send Registration form and check to:

Emmi Going
2212 Louise Ln
Billings, MT 59102
406-697-5483

Gifts From The  Heart:

Independence Hall (temporary home of homeless male Vets)

Billings Public School Homeless Teen Program – Gift Cards

Orphan Grain Train

LWML HEALTH AND EMERGENCY INFORMATION FORM

Please complete this form and return with registration.

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Telephone () _____

EMERGENCY INFORMATION

Whom should we notify in case of an accident or medical emergency? (Please list two persons with different addresses who are not at the LWML meeting with you.)

Name _____ Name _____

Address _____ Address _____

Telephone () _____ Telephone () _____

Relationship _____ Relationship _____

MEDICAL INFORMATION

Insurance/HMO _____ Policy # _____

Medicare # (if applicable) _____ Policy # _____

Primary Physician's Name _____

Address _____

Telephone () _____

Do you have any health conditions (e.g. allergies, chronic conditions, special circumstances, or medications) that should be known about before any emergency treatment? Explain:

Signature _____ Date _____