

American Baptist Women's Ministries of WV

Pre-Conference – Friday, August 14, 2020 – Registration begins at 5 pm
Walk to the Grapevine Chapel, Games, Food and Campfire
West Virginia Baptist Conference Center – Parchment Valley

Everything will be in Santrock Building

Women's Conference – Saturday, August, 15, 2020
Registration begins at 8:30 am – Program starts at 9 am

Speaker: Todd McClure, WVBC Minister of Missions and Finance

“WHERE IN THE WORLD . . .?”

Registration is open July 3 – July 24, 2020.

Registration form and fees needed for **each** person registering.

Please note: 6% Sales Tax (REQUIRED). State law now requires us to add 6% sales tax to our event fees.

Please send your church's tax exempt number into the WVBC office so that you will not have to pay the 6% tax.

Lodges: ** Three (3) handicapped rooms are available. Please indicate on this form if needed-- includes handrails on toilets, tubs and walk-in showers.

Air Conditioned Cabin (Dorm) Rooms:

Cabin room sleeps 12 people, 6 single size bunk beds.
Roommates listed below or on attached sheet.

***Make checks payable to AB Women's Ministries of WV**

Registration Information:

_____ \$25.00 Registration Fee
_____ \$ 6.00 Saturday Breakfast
_____ \$ 7.00 Saturday Lunch
_____ \$17.00 Bunkhouse/Dorm (per person)
_____ \$25.00 One night's lodging, 3-4 to a room
_____ \$30.00 One night's lodging, double occupancy
_____ **TOTAL AMOUNT ENCLOSED**

Walk-ins are welcome. However, it is suggested that you bring a bag lunch as lunches cannot be assured.

Mail registration forms, including fees, to:

Carrie J. Gasaway
451 22nd Street
Dunbar, WV 25064
panda112260.cj@gmail.com
Phone: 304.552.3760

For questions, you can reach me between 5-9 p.m. Thanks

Financial Assistance is available for first-timers. Scholarships are based on need. Please submit a written request by July 20th to:

Kathy K. Hudson
1263 Park Avenue
Ravenswood, WV 26164
kathykayhudson@gmail.com
call or text 304.373.8938

Please print legibly.

Name _____ Phone _____ Amount Enclosed _____

Address _____ City, State, Zip Code _____

Church _____ Association _____

Roommate (s) _____ Email _____

Dietary Needs _____ Handicap Needs _____