



OUTWARD '18
April 13-15, 2018
Holiday Inn and Suites
441 Electronics Parkway, Liverpool, NY



"Embrace" is the theme based on Mark 11:22b: "Embrace this God-life. Really embrace it, and nothing will be too much for you" (The Message). This year's Outward (formally UpWord) will focus on how we can put our Inward growth into Outward action. **Workshop and activities are designed for youth in grades 7–12.** Any questions regarding the registration, contact Judy Hipes at 607-624-2145 or tandj3905@hotmail.com

***Please Note:** Registrations received after April 2 cannot be guaranteed hotel rooms at the Holiday Inn.

Adult Attending - for contact information

| | |
|----------------|--|
| First Name | |
| Last Name | |
| E-mail address | |
| City State Zip | |
| Cell Phone | |
| | |
| Church | |
| District | |



Additional Youth/Youth Leaders Attending

| | |
|---|--|
| First Name | |
| Last Name | |
| Grade/Adult | |
| Gender | |
| Roommates: Please include first and last names (5 max per room) | |

| | |
|---|--|
| First Name | |
| Last Name | |
| Grade/Adult | |
| Gender | |
| Roommates: Please include first and last names (5 max per room) | |

| | |
|---|--|
| First Name | |
| Last Name | |
| Grade/Adult | |
| Gender | |
| Roommates: Please include first and last names (5 max per room) | |

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|---|--|
| First Name | |
| Last Name | |
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| First Name | |
| Last Name | |
| Grade/Adult | |
| Gender | |
| Roommates: Please include first and last names (5 max per room) | |

| | |
|---|--|
| First Name | |
| Last Name | |
| Grade/Adult | |
| Gender | |
| Roommates: Please include first and last names (5 max per room) | |

Copy and use to add as many individuals as you need with the requested information.



Event Cost Summary

| | |
|-----------------------------------|----|
| #_____ Individuals @ \$65.00 each | \$ |
| Subtotal Event Cost | \$ |

Hotel Room Cost Summary

How many hotel rooms will you need for your group? Maximum of 5 individuals per room with a rollaway cot available for a \$10 one-time event cost.

| | Quantity | Price | Total |
|-------------------------|----------|----------|-------|
| Friday Hotel Room Fee | | \$125.00 | \$ |
| Saturday Hotel Room Fee | | \$125.00 | \$ |
| Rollaway bed | | \$10.00 | \$ |
| Subtotal Hotel Cost | | | \$ |

| | | | |
|-------------------------|--|--|----|
| Subtotal Event Cost | | | \$ |
| Subtotal Hotel Cost | | | \$ |
| TOTAL AMOUNT DUE | | | \$ |

Complete this form and return it via e-mail, snail mail, carrier pigeon, Hogwarts owl or by hand to: **Judy Hipes**
tandj3905@hotmail.com or **927 Gwinn Street, Medina NY**
14103 by **Monday, April 2.**

Any questions, please contact Judy Hipes at 607-624-2145 or
tandj3905@hotmail.com.

INCLUDE CHECK PAYABLE TO:
UPPER NEW YORK ANNUAL CONFERENCE