

# Registration Form Worksheet

Would you like to set-up an online registration for your event? Great! We're here to help. Please fill in all the fields in this form that apply to your event, and then return to your contact no later than 2 weeks prior to your desired opening of the event registration. *If a question does not apply to your event, please leave the question blank!*

## What will your event be called?

Title: From Franchise to Local Dive... Unleash the Power of the Local Church. Presented by Rev. Dr Rosario Picardo

Description: *Are you wondering how to spark new life, meet new people and offer them Christ? The temptation is to serve up the same exact ministry models that worked in another time and space. Like ordering from a menu at the franchise chain restaurant and expecting the meal to be palatable in the local context, many churches fail to connect with what their local community is actually hungry for. Join the Niagara Frontier District Leadership team as we explore ways to unleash the power of the local church.*

## When is your event?

Start Date: Saturday, October 21, 2017 9:00am

End Date: Saturday, October 21, 2017 12:00pm

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

## Where is your event?

Physical Location     Online – Online Event URL: \_\_\_\_\_

Location/Venue Name: Alexander United Methodist Church

Address: 10540 Main Street

GPS Location (if different from above): \_\_\_\_\_

City: Alexander

State: NY

Zip: 14005

### Who is the event contact?

Name: Jessica White

EmailAddress: jdgirl25@yahoo.com

Phone: 716-536-1820

**Do you want registration to close automatically?** *(Recommended close 7-10 days prior to the event.)*

Yes, at a maximum number of people. \_\_\_\_\_ people

Yes, on a certain date. Date: October 14, 2017

### Optional Features:

Show registrants a list of who else is coming

Send me an email whenever someone registers for this event

### Can registrants bring other people?

No, only the registrant can attend.

Yes, a registrant can bring others. *(Mark this for group registrations!)*

Up to: \_\_\_\_\_ (numerical amount)

### Do you want to collect information on them?

No, I just need a headcount.

Yes, collect their first and last name. *(Later in the process you can collect more information.)*

### What should these people be called in your event materials?

Guests

*(ie: Guest(s), Spouse(s), Youth, or list your own)*

### Would you like a customized email response once attendees have registered?

No, please use the general email response that is already there.

Yes, I would like a customized email response. *(Please attach response to your email when you submit this form.)*

## FEES AND ITEMS

### Is there a fee to attend your event?

No, there's no charge.

Yes, there's a fee.

One flat fee for all attendees. \$\_\_\_\_\_ Amount

Multiple fees \$10 a person or \$50 for a church

### Are you offering additional items? (ie. Childcare for a cost, pay for a t-shirt, etc.)

No, I'm not offering anything.

Yes, I'm offering items.

Item Name: \_\_\_\_\_

Price: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Total Quantity: \_\_\_\_\_

Registrants can order \_\_\_\_\_ total.

### Are you offering Discount Codes?

No, I'm not offering discount codes.

Yes, I'm offering discount codes.

Code Name: \_\_\_\_\_

Discount Amount: \$ \_\_\_\_\_ or \_\_\_\_\_%

Limit uses to: \_\_\_\_\_ (number to limit the number or uses, or write "unlimited")

## EVENT SPECIFICS

Check all that you would like to include on your form:

Registrant Name

Address

Phone Number:

Cell

Home

Email Address

Ethnicity

Age

Date of Birth

Gender

Grade

Conference *(only applicable if you are opening your event to those outside Upper New York Conference)*

District

Church(es) serving/member of

Clergy Connection *(Circle all that you would like listed: Lay Supply, Local Pastor, Provisional Elder, Full Elder, Provisional Deacon, Deacon, Retired Clergy, or fill in the blank \_\_\_\_\_)*

Other Connection(s) in the UMC *(Circle all that you would like listed: Laity, Youth, Young Adult, College Student, Seminary Student, or fill in the blank \_\_\_\_\_)*

Emergency Contact Name:

Emergency Contact Phone Number(s):

Special Requests *(wheelchair use, handicapping conditions, medical conditions, or dietary restrictions) – This will be a fill-in field!*

## **OTHER REQUESTS**

**Are you having workshops?**

No.

Yes. *(If yes, please attach a sheet to this form with all details surrounding your workshops that you would like to include on your registration.)*

**Do you need a space for registrants to list their roommates?**

No.

Yes.

**Do you need a checkbox for registrants to be paired with a roommate?**

No.

Yes.

**Would you like the option for registrants to request for an interpreter to be present?**

No.

Yes. If yes, please list languages needed: \_\_\_\_\_

**Will there be a meal choice?**

No.

Yes. Please list the meal choices: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do you have a logo you would like to include?**

No.

Yes. *(If yes, please attach the high resolution (300 DPI) digital file to your email when you return this form.)*

**Will you be offering Childcare?**

No.

Yes.

\*\*Please list any other requests for your Registration Form below, and we will honor them the best we can. Please be as specific as possible!

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**MARKETING REQUESTS:**

The Communications Ministry Area would love to help advertise your event! Please let us know how we can assist you, by checking the boxes below, or describing the best way you would like us to spread the word. While we may not be able to do all of your requests, we will work with you to create the best marketing plan for your event!

Weekly Digest (*Our weekly e-newsletter emailed each week*)

News article online

Banner on the front of the website

District Newsletter(s) - Please list District: Niagara Frontier District

Facebook

The Bridge (*Our bi-monthly bulletin insert – target audience: local churches*)

Other:

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