2026 NDHSA CONVENTION REGISTRATION FORM

Last Name						
First Name	Spouse's Name (if at	tending)				
Mailing Address	City	State	Zip	Zip		
Phone	Email					
		Qty	Price		Total	
I would like to become an NDHSA me	mber or renew my membership-	X	\$45.00 =	\$		
Family Rate: Non-Member (use only if	cheaper than individual rates)	x	170 =	\$		
Family Rate: NDHSA Member (use only	ly if cheaper than individual rates)	x	120 =	\$		
Adult Individual Rate: Non-Member	-	x	45 =	\$		
Adult Individual Rate: Member	-	x	30 =	\$		
Single Parent (unmarried)	Children 5 and	x	20 =	\$		
Teen Individual rate: Non-Member	under attend at	x	35 =	\$		
Teen Individual rate: NDHSA Member	NO CHARGE!	x	20 =	\$		
Child (age 6-12) Individual Rate	-	x	15 =	\$		
Grandparent, Head or Asst. Pastor or	Missionary (Non-homeschooling)	x	FREE =	\$		
		_ _ _				
USED BOOK SALE/HOME BUSINESS	SES (Home Business ONLY. No Multi Level Mark lember (10' x 10' space one table/tv		ampered Chef, etc.) \$40/\$35	\$		
- Extra Table (limit two)	ember (10 x 10 space one table/ti	WO Chairs)	× \$10.00	φ		
- Litta Table (IIIIII two)		_	— \$10.00	Ψ		
TOTAL				\$		
orders. You will be able to pre-ord our website at a later date. You we the venue directly and ask for exallergies. Additionally, there wi options. Please note that the	e daily. This year, the venue will be der your selections using a link that vill be able to note dietary needs. You the matter of the NDHSA does not up-charge the email if you want to receive the foo	will be sent o ou can also co y if you have s ering other lur food options.	ut and ontact evere nch			

DON'T FORGET PAGE TWO

- Outside food IS NOT ALLOWED in this venue. Concession stand will be available.

TOTAL FROM PAGE ONE.			\$
CONVENTION T-SHIRTS - all s	izes are adult sizes		
Let's go on an adverture 200 NIBM In a set of the control of the	Extra Small		× \$22.00 = \$
	Small		x \$22.00 = \$
			× \$22.00 = \$
	Large	-	× \$22.00 = \$
	Extra Large		× \$22.00 = \$
	Double Extra Large		× \$22.00 = \$
	Triple Extra Large	<u>-</u>	× \$22.00 = \$
DONATION: I would like to give	a tax deductible gift to the I	NDHSA	\$
TOTAL AMOUNT DUE: (Please make checks payable to NDHSA) =			
	ADDITIONAL OPTIO	NS AT NO CHARGE	
Parents Name Future Plans CHILDREN'S PROGRAM ages	5-10 Please list name and a	ge below:	
Emergency Contact:	Name:	Phone #	
2nd Emergency Contact:	Name:	 Phone #	
CHILDREN MUS	T BE SIGNED IN WHEN ARF	RIVING AND SIGNED OUT W	HEN PICKED UP
Who may pickup your child? (N	Must be at least 14 years of a	age)	
Is there anyone who is not allo	wed to pick up your child?		
Does your child/children have	any allergies? (Please list)		
Anything else that you would li	ke us to know about your ch	ild/children?	

Pre-registrations are due by February 11th. All postmarks past February 11th will be returned!

No refunds will be given except in the case of medical emergency.

Photographs and video taken by NDHSA representatives and others at this event may appear in the convention publicity at the discretion of the NDHSA Board.

QUESTIONS?? Contact Amber at sand723627@gmail.com or 701-535-1335 Mail registration form to: NDHSA Convention, 9198 98th St SE, Ellendale, ND 58436