

ON-SITE CONVENTION REGISTRATION FORM

For Office Use Only: Paid Cash Paid Credit Card Check #

Last Name: (Attending) Spouse's Name

First Name:

Mailing Address:

City: State: Zip:

Phone: Email:

Grandparents/Pastor Name: (FREE ONLY if NOT homeschooling children)

PLEASE LIST ALL ATTENDING CHILDREN AGES 13 AND ABOVE:

Teen 1 Teen 2

Teen 3 Teen 4

PLEASE LIST ALL ATTENDING CHILDREN AGES 12 AND UNDER:

Child 1 Child 2

Child 3 Child 4

Child 5 Child 6

Adult (NDHSA Member) X \$35.00

Adult (Non-Member) X \$50.00

Single Parent (unmarried) X \$20.00

Teen (NDHSA Member) X \$25.00

Teen (Non-Member) X \$40.00

Child (Ages 6-12) X \$15.00

Family Rate (Member) X \$130.00

Family Rate (Non-Member) X \$180.00

Vendor Hall Only Pass (Individual) X \$30.00

Vendor Hall Only Pass (Family) X \$40.00

NDHSA MEMBERSHIP (one year) \$45.00

DONATION (tax deductible gift) \$

TOTAL DUE: \$

*Make checks payable to NDHSA