

TRIENNIAL REGISTRATION

PLEASE PRINT LEGIBLY. To register, complete one form for each registrant from your group.

Additional registration forms are available for download from **CovChurch.org/triennial**. All information is required for registration, except where indicated.

YOUR INFORMATION

FIRST NAME:
LAST NAME:
PREFERRED NAME FOR BADGE:
ADDRESS:
CITY, STATE, ZIP:
PHONE:
PHONE NUMBER FOR EMERGENCIES ON SITE:
EMAIL (must be active):
CHURCH/INSTITUTION NAME:
CHURCH CITY AND STATE:
REGIONAL CONFERENCE OF YOUR CHURCH:
The following two questions are optional. This information will help us represent your age and ethnic group effectively.
YEAR OF BIRTH:
PREFERRED ETHNIC IDENTITY:
ADDITIONAL INFORMATION
I need a special diet: □ vegetarian □ gluten free
☐ OTHER:
Handicap access: ☐ WHEELCHAIR ACCESS ☐ HEARING ASSIST ☐ OTHER:
☐ I need translation services. LANGUAGE:

LEARNING EXPERIENCES

See registration brochure or **CovChurch.org/triennial** for more information.

ADVANCE OPPORTUNITIES (optional)
WEDNESDAY & THURSDAY	

☐ AVA (Advocacy for Victims of Abuse) Regional Coordinator Training and Local Advocate Training (Available in: ☐ ENGLISH ☐ SPANISH Indicate preference.)
☐ What Am I Hearing and What Does It Mean? Exploring the Call
☐ Leaders—Fresh Vision for the New Day
☐ Mending the Soul Facilitator Training
(Available in: ☐ ENGLISH ☐ SPANISH Indicate preference.)
FRIDAY
☐ Alone with My Bible
☐ The Disciple-Making Adventure
☐ Family of God: All Are Needed
☐ The Heart of a Woman: Our Thirst to Be Whole in Body, Mind, and Spirit
☐ Illustrated Faith: Using Creativity and Journaling in Your Faith
☐ Learning about You through the Enneagram: Find Yourself in the Nine Types
☐ More Than Just Dolls: A Message for a Lifetime
☐ Prayer Spa
☐ Restoring a Sexually Wounded Generation
☐ Rethink Fitness
☐ Sankofa Experience: Transforming Christian Life through Racial Righteousness (part one of two)
☐ Siendo Y Haciendo Discípulos (en Español)
☐ You Are Not Alone: Creating Support Systems for Families with Mental Illness
☐ Walking in Sensible Shoes: A Journey Into the Heart of God
SATURDAY
☐ Alone with My Bible
☐ Caring for Souls
☐ Chosen, Blessed, Favored. Who, Me?
☐ Cultivating Wholeness
☐ The Disciple-Making Adventure
☐ El Perdón de Dios Sacia (en Español)
☐ Finding Livelihood in Work and Leisure
☐ God's Creative Gifts
☐ Healthy Cooking for a Busy Lifestyle
☐ Human Trafficking: How Can We Make a Difference?
☐ Influencers: Helping Others Move Forward in Their Process of Becoming Disciples
☐ Making Lifelong Faith Stick in Our Kids' Lives
☐ Managing Money: Investing over a Lifetime
☐ Rule of Life
Sankofa Experience: Transforming Christian Life through Racial Righteousness (part two of two)

EXCURSIONS (optional)

WEDNESDAY **THURSDAY** Celebrating Black Culture and History Tour (includes lunch) \$90 Museum Tour—WWI, Federal Reserve, Union Station. \$70 Sanctuary and Cathedral Architecture Tour (includes lunch). \$60 Schlitterbahn Water Park............\$65

SPECIAL EVENTS (optional)

In addition to worship, learning experiences and excursions, there are also many other opportunities at Triennial. Descriptions can be found on the Triennial website,

CovChurch.org/triennial.

The following events require registration to participate:

MINI SANKOFA JOURNEY TOWARD RACIAL RIGHTEOUSNESS
Overnight Wednesday-Thursday
MISSIONAL MOMS THURSDAY MINI-CONFERENCE \$25

PAYMENT	
REGISTRATION	\$
SCHOLARSHIP DONATION (optional l'd like to help someone else come to Here's my gift to the scholarship fund. \$25 \$50 \$75 \$100 \$184.50 — HALF SCHOLARSHIP \$369 — WHOLE SCHOLARSHIP OTHER AMOUNT:	Triennial XIV.
EXCURSIONS AND/OR EVENTS: (op	otional)
EXCURSION:	\$
SPECIAL EVENT:	\$
Less scholarship	Subtotal: \$
	TOTAL DUE \$
You may pay via check or credit ca payable to The Evangelical Coven	
Please mail your registration and THE EVANGELICAL COVENANT Of Attn: Covenant Events 8303 West Higgins Road, Chicago	CHURCH

CREDIT CARD INFORMATION

CovChurch.org/triennial/registration.

For more payment options, visit

CREDIT CARD TYPE:	☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS
CARD NUMBER:	EXPIRATION: /
CARD HOLDER NAME:	
COUNTRY:	
BILLING ADDRESS:	
CITY, STATE, ZIP:	



