

# Registration for adults

(one person per form; print or photocopy additional forms as needed)

- Commuter                       Dorm Resident                       Single Room  
 Suite Resident                       Double Room

Special Needs: \_\_\_\_\_

Name \_\_\_\_\_

Name to appear on nametag \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check age range:     18-25     26-40     41-55     56-70     Over 70

Congregation \_\_\_\_\_

If under 18, name of parent or adult \_\_\_\_\_

Name of preferred roommate(s) \_\_\_\_\_

Have you attended Synod School before?     Yes     No

If not, would you like a "buddy" to introduce you to Synod School?     Yes     No

## Indicate 1<sup>st</sup> and 2<sup>nd</sup> choices for each period:

All-day	All-morning	Morning 1	All-afternoon	Afternoon 1
01 _____	02 _____	07 _____	35 _____	40 _____
	03 _____	08 _____	36 _____	41 _____
OR	04 _____	09 _____	37 _____	42 _____
	05 _____	10 _____	38 _____	43 _____
	06 _____ OR	11 _____	39 _____ OR	44 _____
		12 _____		45 _____
		13 _____		46 _____
		14 _____		47 _____
		15 _____		48 _____
		16 _____		49 _____
		17 _____		50 _____
		18 _____		51 _____
		19 _____		52 _____
		20 _____		53 _____
		Morning 2		Afternoon 2
		21 _____		54 _____
		22 _____		55 _____
		23 _____		56 _____
		24 _____		57 _____
		25 _____		58 _____
		26 _____		59 _____
		27 _____		60 _____
		28 _____		61 _____
		29 _____		62 _____
		30 _____		63 _____
		31 _____		64 _____
		32 _____		65 _____
		33 _____		66 _____
		34 _____		67 _____



**Make checks payable to:**  
Synod of Lakes and Prairies

**Mail checks to:**  
Synod School  
2115 Cliff Drive  
Eagan, MN 55122-3327

**E-mail form to:**  
[jpalmer@lakesandprairies.org](mailto:jpalmer@lakesandprairies.org)  
with "Synod School" as the subject