

## 2019 Western Dakota Roundup REGISTRATION FORM

Name **(Only of those attending):**

Last \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_

Address \_\_\_\_\_

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

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

- |  |                |          |
|--|----------------|----------|
| • Become an NDHSA member/renew membership                                    | \$35           | \$ _____ |
| • Couple Rate, Non-Member  | ____ X \$25    | \$ _____ |
| • Couple Rate, NDHSA Member  | ____ X \$22.50 | \$ _____ |
| • Adult Individual Rate, Non-Member  | ____ X \$15    | \$ _____ |
| • Adult Individual Rate, NDHSA Member  | ____ X \$13.50 | \$ _____ |
| • Teen Individual Rate, Non-Member   | ____ X \$10    | \$ _____ |
| • Teen Individual Rate, NDHSA Member   | ____ X \$ 9    | \$ _____ |
| • Children 12 & under (not encouraged to attend)                             |                | FREE     |
| • Grandparent, Head or Asst. Pastor or Missionary <b>(Non-homeschooling)</b> |                | FREE     |

\*Please invite your grandparents, pastors/missionaries and include them on the following list of attendees.

**List the first and last name of attending children, grandparents, etc. in the columns below. Indicate if grandparents or pastor.**


**LUNCH**—Taco-in-a-bag (Drink & dessert included)      \_\_\_\_ X \$ 10      \$ \_\_\_\_\_

I would like to give a tax deductible gift to the NDHSA      \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** (Please make checks payable to: NDHSA)      \$ \_\_\_\_\_

**Registrations are due by Sept. 27, 2019.**

**At-the-door registration will be available for a slightly higher fee.**

**No refunds will be given except in the event of a medical emergency.  
Fees will then be considered a donation to the NDHSA.**

**Mail registration form to:  
NDHSA Convention  
2443 91st Ave NE  
Tolna, ND 58380**