

REGISTRATION FORM – DEADLINE MAY 10, 2026
LWML IOWA WEST DISTRICT 42nd BIENNIAL CONVENTION
“Share the Light of Christ” – 1 Peter 2:9
Camp Okoboji – Milford, IA June 11-13, 2026



PLEASE PRINT CLEARLY

NAME _____ LWML ZONE _____

ADDRESS _____ CITY _____ ZIP CODE _____

EMAIL ADDRESS: _____ PHONE _____

CHURCH _____ LOCATION _____ GROUP _____

PLEASE CIRCLE WHAT BEST MATCHES YOUR REGISTRATION CATEGORY

VOTING DELEGATE
(registration due April 1)

ALT. VOTING DELEGATE
(registration due April 1)

ZONE PRESIDENT

**DISTRICT BOARD MEMBER/
VOTING**

PAST DISTRICT PRESIDENT

**DISTRICT BOARD MEMBER/
NON-VOTING**

GENERAL REGISTRATION

YOUNG WOMAN REP

PASTOR

HOST ZONE WORKER

GUEST

SPEAKER

ARE YOU A FIRST TIME ATTENDEE TO THE DISTRICT LWML CONVENTION? YES or NO

A. REGISTRATION

Fee **ON OR BEFORE May 1, 2026, \$50 / AFTER May 1, 2026, \$60**

A: _____

B. LODGING/MEALS OPTIONS

OPTION 1: CAMP LODGING/MEAL/SNACK BUNDLE (2 nights air-conditioned including Thursday lunch – Saturday lunch) / ENTER **\$210** on Line B

OPTION 2:

A. **FRIDAY ONLY LUNCH /SNACK BUNDLE / Enter \$25.00** on Line B **(OR)**

B. **FRIDAY LUNCH / DINNER / SNACK BUNDLE / Enter \$40.00** on Line B

OPTION 3: MEAL/SNACK BUNDLE (Thursday lunch – Saturday lunch) available to those staying off site desiring to eat meals at Camp / ENTER **\$115** on Line B

OFFSITE LODGING OPTIONS – YOU ARE RESPONSIBLE TO RESERVE AND PAY FOR YOUR HOTEL ROOM

Remember you will be responsible for your transportation to Camp.

B: _____

INDICATE ROOMATE SELECTION (S): _____

If none is indicated, when possible, you will be housed with others from your Zone.

DO YOU REQUIRE HANDICAP ACCESSIBLE HOUSING? YES OR NO

NO CHANGES WILL BE MADE TO HOUSING ASSIGNMENTS

C. ADDITIONAL REGISTRATION ITEMS

(Indicate all that apply and add fee total to Line C)

_____ Special Food Allergy Accommodations / ADD \$20

Explain: _____

_____ Linen & Towel Rental / ADD \$15

_____ **Wednesday night** lodging & meals (includes Thursday breakfast) / ADD \$70

_____ Private Room (limited availability) / ADD \$50 per night = _____ ADD THIS AMOUNT

If applicable, names of non-registered guests/family members staying with you:

_____ Non-Registered Guest Meal Bundle (Thursday lunch – Saturday lunch) /

_____ X \$125 = _____ ADD THIS AMOUNT

_____ Non-Registered Guest overnight # _____ x \$40 / night

C: _____

PLEASE ADD A+B+C FOR GRAND TOTAL:

Mobility Scooter / limited quantity / \$50 - **CALL CAMP FOR RESERVATIONS and TO MAKE PAYMENT – DO NOT INCLUDE THIS AMOUNT IN YOUR REGISTRATION – THE NUMBER TO CALL IS (712) 337-3325**

ARE YOU PARTICIPATING IN THE MISSION WALK ON SATURDAY MORNING? YES or NO

PHOTOGRAPHY PERMISSION: I, the undersigned, give LWML IWD and CAMP OKOBOJI permission to use my photograph in publicity to promote the organization and its events. I understand that by signing this form the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Photo Permission Signature Required

CHECK PAYABLE TO: LWML Iowa West District (memo: 2026 Convention)

Mail this registration form, **a pre-addressed stamped envelope**, and check payment by **MAY 10th** to:

Marilyn Kruger

806 S. 121st Street

(402) 850-3315

Omaha, NE 68154

There will be NO refunds for meals and lodging after May 31, 2026; registration fees will not be refunded. The 2026 LWML IWD convention begins at 1 pm on Thursday, June 11th and adjourns at Noon Saturday, June 13th.

YOU WILL RECEIVE A RECEIPT IN YOUR PRE-ADDRESSED STAMPED ENVELOPE. A MISSION WALK PLEDGE FORM WILL BE INCLUDED IF YOU ARE PARTICIPATING IN THAT EVENT. PLEASE BRING THE RECEIPT FORM, AND IF APPLICABLE YOUR MISSION WALK PLEDGE FORM WITH YOU WHEN YOU ARRIVE AT CONVENTION. A HEALTH FORM WILL BE COMPLETED AT REGISTRATION.