2026 Ohio District Sr. High Youth Gathering
November 20-22, 2026

MASTER REGISTRATION

Church Name: _____

City: _____

Adult Leader Name: _____

Phone: _____ Email: _____

Participants: X $80 = Total

Hotel accommodation is not included in the registration fee. Please let us know exactly where you'll be staying the nights of the Gathering. If at home, put that on hotel line.

Hotel: _____ Address: _____

Mail this form by **October 19, 2026** with a church check payable to: The LCMS Ohio District, 25000 Country Club Blvd., Suite 220, North Olmsted, OH 44070

List all participants, including adult leaders (please use additional sheets to include all names)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I will bring to the Gathering: ALL INDIVIDUAL REGISTRATION FORMS & OHIO DISTRICT LIABILITY FORMS for ALL Participants.

ADULT LEADER SIGNATURE: _____

ADULT LEADER NAME (print): _____