NAPARC MEETING – NOVEMBER 11-13, AD 2025

Delegate and Observer Group Registration Form – Fill out and return.

Host: Reformed Presbyterian Church of North America

Meeting Venue: [Hope Community Reformed Church](https://www.hopecommunityrpc.com/)**,** 3400 5th Ave, Beaver Falls, PA 15010**.**

Registration Due: September 30, 2025

Please fill out this **registration form** as completely as possible and **return as an attachment to an email to** NAPARC Secretary: [secretary@naparc.org](mailto:secretary@naparc.org) . Invited observers may use this same form. Use one form for each denomination or federation. This is both for member churches and observer churches. Observer churches are invited to send two delegates.

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| **Name of Denomination or Federation**: | |
| \*First Delegate Name:  Mailing Address:  Phone #:  Email: | Third Delegate Name:  Mailing Address:  Phone #:  Email: |
| Second Delegate Name:  Mailing Address:  Phone #:  Email: | Fourth Delegate Name:  Mailing Address:  Phone #:  Email: |
| Other Guest:  Other Guest:  Other Guest:  Other Guest: | |

\*The first named delegate above is the person you appoint to serve on the Interim Committee and attend the Interim Committee meeting on Tuesday morning at 10AM.

**Meal Information: (**add extra numbers if you need to**)**

1. Please sign up for the **number** of people who will be taking meals at each serving below:

Tuesday, Nov. 11 Lunch #\_\_\_\_\_\_ Dinner #\_\_\_\_\_\_

Wednesday, Nov. 12 Lunch #\_\_\_\_\_\_ Dinner #\_\_\_\_\_\_

Thursday, Nov. 13 Lunch #\_\_\_\_\_\_

1. Please indicate person(s) with food allergies:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergic to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergic to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergic to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegation Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_