

GRACE CHANGES EVERYTHING

Annual Convention of the Texas Louisiana Gulf Coast Women of the ELCA

September 15, 2018

House of Prayer Lutheran Church

14045 Space Center Blvd.
Houston, TX 77062



Ephesians 2: 6 - 10

Registration Fee: \$50

(Make checks payable to: Women of the ELCA)
(Registration includes Saturday lunch)

Housing:

Participants are responsible for making their own reservations for Thursday, Friday &/or Saturday.

- A block of 30 rooms is reserved until August 31 at:
Courtyard by Marriott
18100 Saturn Ln
Houston, TX 77058
(281) 333-0220
Group name = Women of the ELCA
- Rooms are reserved Thursday night, Sept 13th, through Saturday night, Sept 15th
- Single King Guestroom = \$99 per night
Double Queen Guestroom = \$109 per night
- Bring your church tax exempt form to avoid the 17% tax

Meals:

- **Breakfast** – provided by the House of Prayer youth from 8 – 9. Free will offering to support their summer trip to follow Martin Luther’s path through Germany.
- **Lunch** – catered by Abe’s Cajun Market & Café. Beef tips with rice, green beans, salad, cornbread, peach cobbler, & ice cream

Silent Auction: Each unit (church) is asked to bring one larger item (theme basket, quilt, etc.) for the silent auction. Proceeds from the silent auction go to Current for Curran with proceeds for the raffle going to the Women’s Synodical Education Fund

Love Offering: Proceeds from the offering will be divided as follows: 50% to Women of the ELCA Churchwide General Operating Funds, 25% to local non-profit, 25% to the Synodical Disaster Recovery Fund

Friday Night Fellowship: Begins 7pm at House of Prayer

Saturday Morning Registration: begins at 8a.m. A complete agenda will be included with your confirmation. Visit our website – www.gulfcoastwelca.org – for more information.

Name: _____

Address: _____

City, State: _____

Zip: _____ Phone #: _____

E-Mail: _____

Church: _____

Church City: _____

CHECK ALL THAT APPLY:

- Delegate Board Member
- Non-Delegate First Time Attendee
- Guest (Pastor, Churchwide Rep, Vendor)
- Will utilize child care (Please list each child’s name & age)

Food Allergies or Dietary Restrictions (please describe)

IN CASE OF EMERGENCY

Contact Name: _____

Phone #: _____

Special Needs: _____

Payment Options:

1. Mail Registration form & check to:

Leonita Sanders
P.O. Box 188
Carmine, TX 78932
979.820.1360 (cell)
leonitarsanders@hotmail.com
Checks payable to: Women of the ELCA

2. Online Payment through Venmo

<https://venmo.com/join/WELCA-GulfCoastSynod>



WELCA Gulf Coast Synod
@WELCA-GulfCoastSynod



venmo