

OCTOBER 11, 2025

4325 HARRISBURG PIKE, GROVE CITY, OH 43123

SCHEDULE OF EVENTS

8:30am REGISTRATION
9:00am TALENT SHOW

9:00am, TALENT SHOWCASE 12:30pm LUNCH

CONCERT & AWARDS

1:30pm

\$10 PER PERSON

INCLUDES FELLOWSHIP LUNCH (MUST BE PRE-REGISTERED BY OCT 1, 2025)

REGISTER AT

REGISTER AT OHIOCOG.COM/SRADULTS

PLEASE CONTACT TINA CRAMER
FOR MORE DETAILS:
TINA@OHIOCOG.COM
(614)254-5300

WITH SPECIAL MUSICAL GUESTS:

OLD TRADITION

CHURCH OF GOD IN OHIO SENIOR ADULT DAY REGISTRATION FORM

Contact Name:
hone Number:
Contact Email:
Church Name:
Address:
City: Zip:
Number Attending X \$10 = \$

Yes, sending Senior Adult Talent Entries (Note: there is no fee for Talent entires, but must be pre-registered by Oct. 1st)

__ **No,** not sending Senior Adult Talent Entries

Please Submit Registration Form and Monies To The State Office By **October 1, 2025**:

Church of God in Ohio Attn: OHIO SENIOR ADULT DAY

2720 Airport Drive, Suite 130 Columbus, Ohio 43219

CHURCH OF GOD IN OHIO SENIOR ADULT DAY ENTRY FORM

Saturday, October 11th, 2025: Connection Pointe Church of God

MARK CATEGORY ENTERING

WRITING

NAME OF PIECE:

Registration Deadline: October 1, 2025

ART-INDIVIDUAL CATEGORIES		MUSIC-INDIVIDUAL CATEGORIES		MUSIC-ENSEMBLE CATEGORIES	
Crochet/Knitting/Weaving		Vocal Solo – Female		Instrumental:	
Dry Media		Vocal Solo – Male		2-12 Participants	
Embroidery/Needlepoint/Cross-Stitch/Applique				2+ Participants-Hand Bells	
Handcraft		Instrumental Solo Keyboard:		Vocal:	
Oil/Acrylic Painting		Accordion		2-12 Participants	
Quilting		Piano		ı	
Sculpture/Carving				MUSIC-CHOIR CATEGORIES	
Wet Media Painting		Instrumental Solo Non-Keyboard:		Local Church – 13+ Participants	
Photography		Brass		DRAMA CATEGORIES	
Woodwork		Percussion-Definite Pitch		Spoken Drama	
WRITING-INDIVIDUAL CATEGORIES		Percussion Indefinite Pitch		Monologue	
Poetry*		Strings Bowed		Group Skit	
Short Story*		Strings Plucked		Solo Storytelling	
riting piece must be enclosed with this entry		Woodwind		Group Storytelling	
m & must be a 'fictional' writing-No Testimony. PLEASE PRINT CLEARLY					
1 - INDIVIDUAL ENTRY (SKIP TO 2 IF REGISTERING ENSEMBLE OR GROUP)					
FIRST NAME:			ST NAME:	OTATE 71D	
ADDRESS:			EMAIL ADDRESS:	STATE: ZIP:	
PHONE: () CELL DOFF	ICE □HOME			
NAME OF CHURCH OF GOD ATTENDING: PASTOR'S NAME:					
2 - ENSEMBLE OR GROUP ENTRY (LIST EACH MEMBER AND EACH MEMBER'S BIRTHDATE ON BACK OF THIS FORM) GROUP LEADER - FIRST NAME: GROUP LEADER - LAST NAME:					
ADDRESS:	DER - FIRST IVAIVIE.		CITY:	STATE: ZIP:	
		EMAIL ADDRESS:		STATE. ZIF.	
PHONE: ()		ENVIET OF NECO.	TOTAL # IN ENSEMBLE/CHOIR:	
NAME OF ENSEMBLE/GROUP: NAME OF CHURCH OF GOD ATTENDING:			PASTOR'S NAME:	. S THE IT IN ENDEMOLE OF TOTAL	
3 – CATEGORY INFORMATION NEEDED					
ART	NAME AND/OR DESCRIPTION OF PIECE:				
MILEIC	INSTRUMENTAL TYPE OF INSTRUMENT.		VOCAL NAME OF SONG/APPAN	IOFMENT	

ENSEMBLE OR GROUP - LIST FIRST AND LAST NAME OF EACH MEMBER

1	26	
2	27	
3	28	
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Return Completed Form To: CHURCH OF GOD IN OHIO "Senior Adult Talent" 2720 Airport Dr., Suite 130 Columbus, OH 43219