

REGISTRATION FORM

Fill out completely and mail along with \$125 registration fee to: **Connectional Ministries, P.O. Box 20408, St. Simons Island, GA 31522.** Applications are accepted on a first-come, first-served basis. Registration deadline is **September 21, 2009.** Make checks payable to **Connectional Ministries.** If you have questions, please contact Diane or Adam toll free at (888) 266-7642.

Check one: _____ Child _____ Adult Counselor (at least 21 yrs.)

T-shirt size (adult sizes only) Check one:

Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____ XXX-Large _____

Full Name _____

Email _____ Gender _____

Mailing Address _____

City _____ State _____ Zip _____

Home Number (with area code) _____

Age _____ Grade _____

Mother's Name _____

Work Phone _____ Cell Phone _____

Father's Name _____

Work Phone _____ Cell Phone _____

Emergency Contact Person _____

Phone Number (with area code) _____

Local Church _____ District _____

Pictures will be taken throughout the weekend. These pictures may be used in future brochures or on the conference website only. If you do not want your child's picture used, please indicate by putting your initials here. _____

Please send all registration forms and money for each church group together.

The \$125 registration fee includes programming, insurance, food and lodging, and a t-shirt. A ratio of at least one adult counselor per 6 children (both genders must be represented in counselors if represented in children) is required. Health and accident forms for children will be the responsibility of each church. Please include Safe Sanctuaries form with registrations.