

REGISTRATION FORM

Fill out completely and mail along with \$130 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 **November 13, 2009.** Make checks payable to Connectional Ministries. If you have questions, please contact Diane or Adam toll free at (888) 266-7642.

Check one: ___ Youth ___ Adult Counselor (at least 21 yrs.old)

T-shirt size (adult sizes only) Check one:
___Small ___Med ___Large ___Xlarge ___XXLarge ___XXXLarge

Correct t-shirt sizes will only be guaranteed for registrations received before the deadline.

Full Name _____

Email _____ Gender _____

Mailing Address _____

City _____ State _____ Zip _____

Home Number (with area code) _____

Age _____ Grade _____

Mother's Name _____

Work Phone _____

Mobile Phone/Pager _____

Father's Name _____

Work Phone _____

Mobile Phone/Pager _____

Emergency Contact Person _____

Phone Number _____

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 \$130 registration fee includes programming, insurance, food and lodging, and a t-shirt. A ratio of at least one adult counselor per 6 youth (both genders must be represented in counselors if represented with Youth) is required. Health and accident forms for Youth will be the responsibility of each church.

**DEADLINE FOR REGISTRATION:
NOVEMBER 13, 2009**