

# SOUTHERN BAPTIST CONFERENCE OF THE DEAF

LANCASTER BIBLE COLLEGE IN LANCASTER, PA

## REGISTRATION FORM - July 16-22, 2016

**Important:** One form for each person - Fill out all lines that apply - Make copies of this page as needed

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F

Marital status: \_\_\_\_ Single \_\_\_\_ Married

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Circle: Voice VP TTY Text Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Circle: Voice VP TTY

Church E-mail: \_\_\_\_\_

CHURCH MESSENGER \_\_\_\_ VISITOR \_\_\_\_

**(IF YOU ARE A MESSENGER, YOUR PASTOR MUST SIGN THE MESSENGER FORM, IF NO PASTOR'S SIGNATURE, YOU CANNOT VOTE AT THE BUSINESS MEETING)**

### CHECK ONE OR MORE

DEAF \_\_\_\_ HEARING \_\_\_\_ ORAL \_\_\_\_ LOW VISION OR BLIND \_\_\_\_ MISSIONARY \_\_\_\_ SPOUSE OF MISSIONARY \_\_\_\_

PASTOR \_\_\_\_ SPOUSE OF PASTOR \_\_\_\_ LAY MINISTER \_\_\_\_ JR. SBCD \_\_\_\_ SUNDAY SCHOOL TEACHER \_\_\_\_

INTERPRETER \_\_\_\_ DEACON \_\_\_\_

**REGISTRATION FEES (DEADLINES – BEFORE MAY 31 SAME PRICE, JUNE 1<sup>st</sup> – June 30<sup>th</sup> ADD \$10.00, JULY 1<sup>st</sup> – 17<sup>th</sup> ADD \$20.00)**

<b>EXAMPLE:</b>	
Registration Fee	\$115.00
Meals (6 days)	\$155.00
Dorm (6 days)	\$180.00
<b>Total</b>	<b>\$450.00</b>

**OPTION #1 FOR FULL MEALS AND LODGING (ON CAMPUS) REGISTRATION FEE INCLUDED**

	(AGES 0-6)	(AGES 7-11)	(AGES 12-21)	(AGES 22 & UP)
<b>Registration Fee</b>	<b>\$40.00</b>	<b>\$65.00</b>	<b>\$90.00</b>	<b>\$115.00</b>
Full Week	\$375.00	\$400.00	\$425.00	\$450.00
Day	\$63.00	\$67.00	\$71.00	\$75.00

Bring your own linens, pillows and towels for lodging on campus.

**OPTION #2 ALL WEEK WITH MEALS (HOTEL LODGING) REGISTRATION FEE INCLUDED**

	(AGES 0-6)	(AGES 7-11)	(AGES 12-21)	(AGES 22 & UP)
<b>Registration Fee</b>	<b>\$40.00</b>	<b>\$65.00</b>	<b>\$90.00</b>	<b>\$115.00</b>
Full Week	\$190.00	\$215.00	\$240.00	\$275.00
Day	\$32.00	\$36.00	\$40.00	\$46.00

**OPTION #3 COMMUTER FEE PER DAY (NO MEALS AND LODGING)**

	(AGES 0-6)	(AGES 7-11)	(AGES 12-21)	(AGES 22 & UP)
	\$20.00	\$20.00	\$20.00	\$20.00

**CANCELLATION POLICY:** 1. Full Refund up to 60 days before conference time. 2. 50% Refund from 59 to 30 days before conference time. 3. No Refund with less than 30 days before conference time.

<b>FEES:</b>	<b>AMOUNT:</b>
A. OPTION #1	
B. OPTION #2	
C. OPTION #3	
D. GROUP PICTURE - \$6.00 (OPTIONAL)	
<b>TOTAL DUE:</b>	

**\*\*\*\* YOUR REGISTRATION WILL BE PROCESSED WHEN WE RECEIVE FULL PAYMENT. \*\*\*\***

MAKE CHECK PAYABLE TO **SBCD**

MAIL ALL FORMS AND CHECK TO:

**SBCD 2016 REGISTRATION**  
 2674 Queen Bee Lane  
 St. Louis, MO 63129-5610

**ALL FORMS INCLUDED: REGISTRATION, PACKAGE PLAN FORM, LODGING FORM, CHURCH MESSENGER, GENERAL RELEASE & INDEMNIFICATION FORM (GRI). MINORS UNDER THE AGE OF 18 MUST HAVE THEIR GRI FORM NOTARIZED ALONG WITH MEDICAL FORM. ALL FEE MUST BE SUBMITTED WHEN YOU PAY. SEE REGISTRATION DEADLINES.**

For more information, please contact: Mason Fenner at 706-996-2164 VP or E-mail [pastormason07@gmail.com](mailto:pastormason07@gmail.com)