

Registration Form

EMERGE Youth Conference

Group Leader Name:	
Local Church or Group Name:	
Address:	
City, State, Zip:	
Phone:	()
E-mail(required):	
Number of Chaperones:	_____ (Ratio of 1 chaperone per 5 students recommended)

New registration process! Group leader manages transfers and cancellations.* No refunds will be given once payment is processed.

Group Size	SPRINGFIELD, MASSACHUSETTS February 17-19, 2012			RIDGECREST, NORTH CAROLINA March 16-18, 2012		
	Super Early Bird ends October 31, 2011	Early Bird ends January 16, 2012	Pre-Registration ends February 10, 2012	Super Early Bird Ends November 30, 2011	Early Bird Ends February 20, 2012	Pre-Registration Ends March 9, 2012
5+ persons	\$50	\$60	\$75	\$50	\$60	\$75
1-4 persons	\$55	\$65	\$75	\$55	\$65	\$75

Children 6-11 will be charged \$30.00 per child.

RULES & GUIDELINES:

- To receive the group rate, five (5) or more attendees must be registered at the same time.
- No registrations will be accepted by telephone.
- Fees may be paid with cash, check, money order or credit card (Visa/MC/Amex). A \$15.00 processing fee will be incurred on all returned checks.
- NEW! Registrations are NON REFUNDABLE. They are transferable once processed. The group leader will be responsible for managing cancellations and transfers within own group.
- Accurate fees must** accompany your registration form to guarantee registration at current prices. Declined credit cards, returned checks, and under-paid fees will **void** early bird/pre-registration rates if accounts are not settled before the proper deadline. For example, if you register during the "Early Bird" window and send in insufficient funds, the balance must be paid before the "Early Bird" window closes. If not, then next fee schedule become active. Door rates will apply if declined credit cards, returned checks, or under-paid fees are not settled before Pre-registration window closes.
- Group leaders desiring to add attendees to their group will be required to pay the fee that is valid at the time the additional attendee is being added.
- Any registrations (snail mail, fax, e-mail or Internet registration) postmarked after the pre-registration window closes will not be registered. You will have to register upon arrival and door fees will apply.
- One adult must accompany every five youth attendees. Recommended age for chaperone is 21 years old.
- Hotel accommodations may be acquired by calling the numbers listed on the website/flyers. Be sure to mention you are with the **Church of God of Prophecy Emerge Conference.**

Total # Of Attendees: _____ Amount Per Person: _____ Child: ____ x \$30.00 _____ Total Amount Due: _____	I am registering for the conference in: <input type="checkbox"/> Springfield <input type="checkbox"/> Ridgecrest	<h4 style="text-align: center;">Group Age Breakdown</h4> <p style="text-align: center;"><i>Please indicate number of attendees in each age bracket.</i></p> _____ 12-16 _____ 19-24 _____ 25-30 _____ 30 and over
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Credit Card Information

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Name on Credit Card: _____			
Cardholder address: _____ _____			
Credit Card #: _____			
Exp Date (mm/yy): _____ CVV: _____			

In order to better serve the Visitor's Bureau and statistics, please fill out the following information. Our group is registered at the following hotel:

Hotel Name: _____	Street Name: _____	# Rooms: _____	# Nights: _____
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PARENTAL CONSENT FORM

I give my child permission to travel to and from the **EMERGE Youth Conference** in _____.
I agree that my child is _____ years old. (*Conference is designed for children 12 years and older*). I also agree not to hold the Church of God of Prophecy and/or the youth pastor/leader responsible for any injuries or expenses resulting from any injury my child may incur while engaged in this event.

EMERGE Youth Conference

Place: _____

Date: _____

***Time of Departure:** _____

***Time of Return:** _____

***Method of Transport:** _____

***Cost:** _____

***Contact #:** _____

Items marked with (*) to be completed by local leader.

I also confirm that my child **has/does not have** (circle one) any serious medical condition that the youth leader should be aware of. I agree to inform the youth director of any changes in my child's medical or physical condition that may develop once this document has been signed (any serious medical condition should be listed below).

I understand that during this event, my child will be required to display behavior that is appropriate and respectable to the Church body while under the supervision of the Church of God of Prophecy.

Parent's initials

Attendee Name: _____

Emergency Contact: _____ Phone: () _____

Attendee's Signature: _____

Parent/Guardian's Signature: _____

***** This form must be returned to the local youth pastor/leader and brought with you to the conference. ***

Youth Pastor/Leader Signature

SERIOUS MEDICAL CONDITION:

My child's medical condition is: _____

If my child experiences any illness from this condition, I give my consent to have them transported to the closest medical facility _____ (parents/guardian initials).

Health card # _____

Medications used _____