



DISCIPLE NOW !!!!

As you go ... make disciples Matthew 28:19

INDIVIDUAL REGISTRATION FORM

September 30 – October 1, 2011 GRR Annual Assembly Registration

Doubletree Hotel and Conference Center St. Louis • 16625 Swingley Road • Chesterfield, MO

Hotel Reservation call (800) 445-8667 or 636-532-5000 – Block Code “American Baptist Churches” - \$79.00 **Deadline Sept 2, 2011**

EARLY BIRD REGISTRATION DEADLINE: SEPTEMBER 2, 2011

COMPLETE ONE FORM PER PERSON ATTENDING: PHOTOCOPY ADDITIONAL FORMS AS NEEDED

PLEASE INDICATE BY CHECKING THE BOX IF CHILDREN WILL BE ATTENDING (fill out information on the back side)

Name _____ *First Name as desired on name tag:* _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ E-Mail _____
 Church/City _____

Are you a Voting Delegate? If Yes, check box and have church clerk sign: X

STEP 1 – REGISTRATION – PLEASE PUT AN X IN THE APPROPRIATE BOXES THAT APPLY TO YOU

GUEST REG		INDIVIDUAL REG		FAMILY REG		CHURCH REG	
GUEST - \$0.00		ADULT - \$30.00		FAMILY - \$65.00		CHURCH - \$150.00	
<input type="checkbox"/>	BOARD MEMBER	EARLY BIRD (-10.00) IF SENT BY SEPT 2, 2011		EARLY BIRD (-10.00) IF SENT BY SEPT 2, 2011 (Two adults & unlimited children) Complete one form each per family member & mail in together with payment		IF SENT BY SEPT 2 2011 (Unlimited Adults and Children) Available only when pre-registering all attendees together & mailed in one envelope together	
<input type="checkbox"/>	GREAT FRIENDS						
<input type="checkbox"/>	NEW PCL & FAMILY						
<input type="checkbox"/>	SPEAKER						
<input type="checkbox"/>	VOLUNTEER						
<input type="checkbox"/>	WORKSHOP LEADER						
Signature by Executive Minister _____		CHILDREN - \$5.00 EACH (with accompanying adult) (Birth to 5 th Grade)		(This individuals form is part of a paid Family Reg. \$0.00)		(This individuals form is part of a paid Church Reg. \$0.00)	
TOTAL EXEMPT	\$0.00	TOTAL INDIVIDUAL	\$	TOTAL FAMILY	\$	TOTAL CHURCH	\$

STEP 2 – MEAL TICKETS --- PUT AN X IN THE APPROPRIATE BOXES

PLEASE SPECIFY DIETARY NEEDS

FRIDAY, SEPTEMBER 30, 2011

Luncheon: Ministers and Spouses Luncheon, 12:00 pm - \$15.00

Banquet: GRR Mission and Ministry Banquet, 5:00 pm - \$25.00

SATURDAY, OCTOBER 1, 2011

Breakfast: American Baptist Men of GRR, 7:00 am - \$12.00

Breakfast: GRR Women's Ministries, 7:00 am - \$10.00

Breakfast: Northern Seminary, 7:00 am - \$10.00

STEP 3 – GRAND TOTAL OF STEPS 1 AND 2

GRAND TOTAL \$ _____

MAKE CHECKS PAYABLE TO: **GRR ANNUAL ASSEMBLY** OR FILL OUT CREDIT CARD INFORMATION BELOW

Credit Card Type: VISA MasterCard American Express Expiration Date (Month/Year) _____

Account Number: _____ 3-Digit V-Code (on back of card): _____

Signature : X _____ Print Name: _____

MAIL REGISTRATION WITH CHECK OR CREDIT CARD INFORMATION TO:

AMERICAN BAPTIST CHURCHES OF THE GREAT RIVERS REGION

P.O. BOX 3786 SPRINGFIELD, IL 62708-3786

ANNUAL ASSEMBLY REGISTRAR: DEBBIE NAUGLE

PHONE: (217) 726-7366 FAX: (888) 922-2477

EMAIL: debbie@abcgrr.org

2011 GRR 44TH ANNUAL ASSEMBLY NURSERY AND ELEMENTARY CHILDCARE MEDICAL RELEASE FORM

EMERGENCY CONTACT INFORMATION

Parent's/Guardian's Name

Address

City

St

Zip

Home Phone

Cell Phone

NAMES OF CHILDREN ATTENDING ANNUAL ASSEMBLY

_____ Youth's Name	_____ Age/Grade	M F Sex			_____ Allergies/Special Health Considerations
_____ Youth's Name	_____ Age/Grade	M F Sex			_____ Allergies/Special Health Considerations
_____ Youth's Name	_____ Age/Grade	M F Sex			_____ Allergies/Special Health Considerations
_____ Youth's Name	_____ Age/Grade	M F Sex			_____ Allergies/Special Health Considerations
_____ Youth's Name	_____ Age/Grade	M F Sex			_____ Allergies/Special Health Considerations

MEDICAL INFORMATION

Physician's name

Phone Number

Insurance Company

Policy Number

The above information is accurate and complete to the best of my knowledge. I will not hold any agents, employees, and/or representatives of the American Baptist Churches of the Great Rivers Region responsible for any errors or omissions that I may have made in the completion of this form.

I hereby authorize the designated ABC/GRR Annual Assembly Youth Worker(s) to obtain necessary emergency medical treatment, as they deem necessary for the welfare of my child/children if I cannot be immediately reached at the time an emergency should it occur during the American Baptist Churches of the Great Rivers Region Annual Assembly.

I give permission for my child/children to participate in on-site and/or off-site activities. I release ABC/GRR Annual Assembly and individuals from liability in case of accident during activities related to ABC/GRR Annual Assembly, as long as normal safety procedures have been taken on **SEPTEMBER 30 – OCTOBER 1, 2011**.

Parent's/Guardian's Signature

Date