

2010 GRR MISSIONS CONFERENCE

Hosted by Cherry Hills Baptist Church 2125 Woodside Road Springfield, IL 62711



April 23-24, 2010

CONFERENCE REGISTRATION FORM

INFORMATION DUE BY APRIL 16, 2010

☼ Individual Registration (adults & children) is required for any part of the event.
(PLEASE FILL OUT ONE FORM PER ADULT PERSON)

☼ Fee Structure is as follows:

Conference Registration with meals.....\$30.00/person _____
(includes Friday Dinner, and Saturday Continental Breakfast)

Conference Registration without meals.....\$20.00/person _____
(this does not include meals, this is registration only)

Childcare and their meals (accompanying registered adults).....\$No Fee _____
(PLEASE LIST # OF CHILDREN, NAMES AND AGES ON THE REVERSE SIDE)

TOTAL REGISTRATION AMOUNT DUE FROM ABOVE \$ _____

Make checks payable to "GRR Missions Conference"

Make payment by: _____ Check _____ Credit Card (VISA, MC, AMEX) Please complete below.

Credit Card Type: _____ Visa _____ MasterCard _____ American Express
Account Number: _____ Expires (Month/Year): _____ / _____
Signature: X _____ Print Name: _____
3-digit V-code (on back of card): _____

**Return this to: Missions Conference Registrar Attention: Debbie
American Baptist Churches of the Great Rivers Region
P.O. Box 3786 Springfield, IL 62708-3786**

FOR MORE INFORMATION CALL, FAX, EMAIL OR CHECK THE WEBSITE

Phone 217-726-7366 Fax 888-922-2477 or email debbie@abcgrr.org website www.abcgrr.org

Name _____ Telephone _____
(as you wish it to appear on your name tag)

Address _____

City _____ State _____ Zip code _____

Church name and City _____



2010 GRR MISSIONS CONFERENCE NURSERY AND CHILD MEDICAL RELEASE FORM

Emergency Contact Information

Parent's/Guardian's Name (_____) Home Phone

_____/_____/_____
Address City ST Zip Code

Names of Children Attending Conference

_____ Youth's Name	_____ Age	<u>M</u> <u>F</u> Sex	_____ Allergies/Special Health Considerations
_____ Youth's Name	_____ Age	<u>M</u> <u>F</u> Sex	_____ Allergies/Special Health Considerations
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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 Missions Conference 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 Missions Conference.

I give permission for my child/children to participate in on-site and/or off-site activities. I release ABC/GRR Missions Conference and individuals from liability in case of accident during activities related to ABC/GRR Missions Conference, as long as normal safety procedures have been taken on **APRIL 23-24, 2010**.

Parent's/Guardian's Signature Date