

XTREME WINTER



XTREME WINTER 2017/2018

RESERVATION FORM

PLEASE SIGN, DATE AND RETURN WITH REGISTRATION FORMS AND DEPOSIT. YOUR REGISTRATION CANNOT BE PROCESSED WITHOUT THIS FORM.

BY SIGNING THIS FORM YOU AGREE TO THE FOLLOWING:

As a group leader attending xtreme winter 2017/2018 conferences, I understand that the actions of the individuals in my group will be the responsibility of myself and my designated chaperones. I further understand that xtreme conference is in place to entertain and minister, and cannot be held responsible for actions of my group. I realize that any damage done by my group to our hotel or any xtreme property will be my responsibility and will be taken care of before my departure from the conference. I have also read and understand the Cancellation Policy, Housing Policy and Financial Info and agree to abide by them.

MAIL OR FAX TO:



xtreme conferences
P.O. Box 2034
Woodstock, GA 30188
Phone: 1.888.987.3636
Fax: 770.592.8239

GENERAL INFO

REGISTRATION NUMBER

CHURCH NAME

GROUP LEADER

ADDRESS

ADDRESS

PHONE NUMBER

ALTERNATE PHONE NUMBER

EMAIL ADDRESS

CONFERENCE

PLEASE SELECT A CONFERENCE:

- BRANSON
DEC.27 - DEC.29
- GATLINBURG 01
DEC.27 - DEC.29
- GATLINBURG 02
DEC.29 - DEC.31
- GATLINBURG 03
DEC.31 - JAN.2

BILLING INFO

- Enclosed is \$50 per person deposit for _____ participants
- Enclosed is \$35 per person (Conf. Only) deposit for _____ participants
- Bill my credit card for my deposit:

Card No: _____ Expires: _____

AUTHORIZATION

GROUP LEADER NAME (SIGNATURE)

DATE SIGNED

GROUP LEADER NAME (PLEASE PRINT)