# 2012/2016 VATION 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 2015/2016 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

#### BILLING INFO

Enclosed is \$50 per person deposit for participants		
Enclosed is \$35 per p	erson (Conf. Only) deposit for	participants
Bill my credit card for	my deposit:	
Card No:		Expires:
NITHODIZATION		

GROUP LEADER NAME (SIGNATURE) DATE SIGNED

GROUP LEADER NAME (PLEASE PRINT)

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