

# STEP TWO

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 2024 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** CONFERENCE **PLEASE SELECT** A CONFERENCE: REGISTRATION NUMBER BRANSON DEC.27 - DEC.29 CHURCH NAME GATLINBURG 01 **GROUP LEADER** DEC.27 - DEC.29 GATLINBURG 02 ADDRESS DEC.29 - DEC.31 **ADDRESS PHONE NUMBER ALTERNATE PHONE NUMBER** EMAIL ADDRESS BILLING INFO

Enclosed is \$75 per person deposit for \_\_\_\_\_ participants

# **AUTHORIZATION**

GROUP LEADER NAME (SIGNATURE)

DATE SIGNED

Enclosed is \$40 per person (Conf. Only) deposit for \_\_\_\_\_ participants

Bill my credit card for my deposit (a 3.9% convenience charge will apply):

Card No: Expires:

GROUP LEADER NAME (PLEASE PRINT)



# STEP TWO

PRINT ADDITIONAL COPIES AS NEEDED. KEEP A COPY FOR YOUR FILES. YOUR REGISTRATION NUMBER IS REQUIR-ED FOR ACCURATE ROOM ASSIGNMENTS.

## REGISTRATION NO.

# **ROOMING LIST PAGE:**



MAIL OR FAX WITH DEPOSIT & RELEASE FORM TO:



xtreme conferences P.O. Box 2034

Woodstock, GA 30188 Phone: 1.888.987.3636

Fax: 770.592.8239

ROOM			
	GUEST #1	GUEST #2	
ROOM	GUEST #3	GUEST #4	
<b>#</b> 	GUEST #1	GUEST #2	
ROOM	GUEST #3	GUEST #4	
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