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 2016/2017 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	
	PLEASE SELECT A CONFERENCE:
REGISTRATION NUMBER	☐ BRANSON
CHURCH NAME	DEC.27 - DEC.29
GROUP LEADER	GATLINBURG 01 DEC.27 - DEC.29
ADDRESS	GATLINBURG 02  DEC.29 - DEC.31
ADDRESS	GATLINBURG 03 DEC.31 - JAN.2
PHONE NUMBER ALTERNAT	E PHONE NUMBER
MAIL ADDRESS	
SILLING INFO	•
Enclosed is \$50 per person deposit fo	r participants
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Enclosed is \$35 per person (Conf. Only Bill my credit card for my deposit:  Card No:	deposit for participants
Enclosed is \$35 per person (Conf. Only Bill my credit card for my deposit:	deposit for participants

**GROUP LEADER NAME (PLEASE PRINT)**