

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 2025 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:
CHURCH NAME	BRANSON DEC.27 - DEC.29
GROUP LEADER	GATLINBURG 01
ADDRESS	DEC.27 - DEC.29
ADDRESS	DEC.29 - DEC.31
PHONE NUMBER ALTERNATE PHONE NUMBER	_
EMAIL ADDRESS	_
OUR ESTIMATED TOTAL NUMBER OF ATTENDEES	= \$200
BILLING INFO	
Enclosed is a check for our \$200 deposit	
Bill my credit card for our \$200 deposit (a 3.9% convenie	nce charge will apply):
Card No:	Expires:
AUTHORIZATION	
GROUP LEADER NAME (SIGNATURE)	DATE SIGNED

Dec. 27-29 GATLINBURG Dec. 29-31 GATLINBURG Dec. 27-29 BRANSON



GROUP LEADER NAME (PLEASE PRINT)