



TENTATIVE SCHEDULE

Friday

2:00 pm – 4:00 pm	Registration
5:30 pm – 6:30 pm	Dinner
7:00 pm – 9:00 pm	Session One
9:30 pm – 10:00 pm	Church Group Time
12:00 am	Lights Out

Saturday

7:30 am – 8:00 am	Devotion
8:00 am – 9:00 am	Breakfast
10:00 am – 11:30am	Session Two
12:00 noon – 1:00 pm	Lunch
1:00 pm – 5:00 pm	Free Time/Rec
5:30 pm – 6:30 pm	Dinner
7:00 pm – 9:30 pm	Session Three
10:00 pm – 10:30 pm	Church Group Time
12:00 am	Lights Out

Sunday

7:30 am – 8:00 am	Devotion
8:00 am – 9:00 am	Breakfast
10:00 am – 11:30 am	Session Four
12:00 noon – 1:00pm	Lunch
1:00 pm – 5:00 pm	Free Time/Rec
5:30 pm – 6:30 pm	Dinner
7:00 pm – 9:30 pm	Session Five
10:00 pm – 10:30 pm	Church Group Time
12:00 am	Lights out

Monday

7:30 am – 8:00am	Devotion
8:00 am – 9:00 am	Breakfast
10:00 am	Check Out



For office use only:
Page ___ of ___
Group # _____

G r o u p S i g n - u p s h e e t

Leader: _____

Church: _____

City: _____ State: _____

Males			Females		
Name	Grade	C/S	Name	Grade	C/S
1.	_____	_____	1.	_____	_____
2.	_____	_____	2.	_____	_____
3.	_____	_____	3.	_____	_____
4.	_____	_____	4.	_____	_____
5.	_____	_____	5.	_____	_____
6.	_____	_____	6.	_____	_____
7.	_____	_____	7.	_____	_____
8.	_____	_____	8.	_____	_____
9.	_____	_____	9.	_____	_____
10.	_____	_____	10.	_____	_____
11.	_____	_____	11.	_____	_____
12.	_____	_____	12.	_____	_____
13.	_____	_____	13.	_____	_____
14.	_____	_____	14.	_____	_____
15.	_____	_____	15.	_____	_____
16.	_____	_____	16.	_____	_____
17.	_____	_____	17.	_____	_____
18.	_____	_____	18.	_____	_____
19.	_____	_____	19.	_____	_____
20.	_____	_____	20.	_____	_____



S u m m a r y R e g i s t r a t i o n F o r m

I AM REGISTERING FOR (circle one): **June 7-10** **June 21-24**

Church: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Church Phone: (____) _____ Fax Number: (____) _____

Pastor's Name: _____ Leader: _____

Leader's Daytime Phone:(____) _____ Leader's Evening Phone:(____) _____

Leader's E-Mail Address: _____

Mail Correspondence to: Leader Church (circle one)

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Total Number Attending: _____ x \$269.00 per person=\$ _____

Persons not staying at the Camp Center: _____ x \$89.00 per person=\$ _____

Total Enclosed: \$ _____

You may reserve spots at the conference by paying a non-refundable deposit of \$50 per person.

Receive a \$10 per person discount and a free shirt for your group when you are paid in full by March 15, 2019!

FORM OF PAYMENT (please check one):

_____ Check/Money Order for \$ _____

_____ Discover _____ VISA _____ American Express _____ MasterCard

Card # _____

Expiration Date _____ CSC# _____

Billing Address:

Signature on Card

This form is to be signed by the person responsible for the group while attending this Conference.

I understand that our church will be responsible for the well-being of our group.

Signature

Date