



## **What I Need To Know About The Registration Forms!**

Thank you for requesting an information packet for the Strength to Stand Conference. We want to make your registration process as simple as possible. Below is the 4-1-1 on what forms you need to turn into the STS office and a run down on the forms we have provided for you to promote the conference to your group.

### **Turn these forms into the Strength to Stand Office:**

1. Group Leader Agreement
2. Room Sign-up Sheet (if applicable)
3. Summary Registration Form
4. Tentative Schedule (January attendees only) – at the bottom of the form you can pick your schedule and your worship leader – cut off the portion and mail it in with your registration.
5. Hotel Form – choose your top three hotel choices
6. Special Needs Information Sheet – if you have a student with special needs – please send this sheet to the STS office so we can make any necessary arrangements for your group.



**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): **December**                      **January**

Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Leader: \_\_\_\_\_ Leader's E-Mail Address: \_\_\_\_\_

Leader's Mobile Phone:(\_\_\_\_) \_\_\_\_\_ Leader's Evening Phone:(\_\_\_\_) \_\_\_\_\_

Mail Correspondence to:    Leader            Church (circle one)

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Basic housing:**

persons	price per room	# of rooms	total	total (if discount applies)
5	x \$124 per person	x _____	=\$ _____	\$ _____
4	x \$124 per person	x _____	=\$ _____	\$ _____
3	x \$134 per person	x _____	=\$ _____	\$ _____
2	x \$154 per person	x _____	=\$ _____	\$ _____

**Standard housing:**

persons	price per room	# of rooms	total	total (if discount applies)
5	x \$144 per person	x _____	=\$ _____	\$ _____
4	x \$144 per person	x _____	=\$ _____	\$ _____
3	x \$154 per person	x _____	=\$ _____	\$ _____
2	x \$174 per person	x _____	=\$ _____	\$ _____

**Deluxe housing:**

persons	price per room	# of rooms	total	total
4	x \$154 per person	x _____	=\$ _____	\$ _____
3	x \$184 per person	x _____	=\$ _____	\$ _____
2	x \$224 per person	x _____	=\$ _____	\$ _____

Total Number Attending: \_\_\_\_\_ Enclosed: \$ \_\_\_\_\_

Persons not staying at the hotel: \_\_\_\_\_ x \$80.00 per person=\$ \_\_\_\_\_

You may reserve spots at the conference by paying a non-refundable deposit of \$50 per person, however, you must be paid in full by October 10, 2018 (DEC) or October 29, 2018 (JAN) to receive the \$10 per person discount (Basic and Standard housing only).

**FORM OF PAYMENT: (please check one)**

\_\_\_\_ Check/Money Order for \$ \_\_\_\_\_

\_\_\_\_ Discover/\_\_\_\_ VISA/\_\_\_\_ American Express/\_\_\_\_ MasterCard

Card # \_\_\_\_\_

CSC# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature on Card \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



For office use only:

Page \_\_\_ of \_\_\_

Group # \_\_\_\_\_

R o o m   S i g n - u p   s h e e t

Leader: \_\_\_\_\_

Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Males				Females			
Room #1	Name	Grade	C/S	Room #1	Name	Grade	C/S
1.	_____			1.	_____		
2.	_____			2.	_____		
3.	_____			3.	_____		
4.	_____			4.	_____		
5.	_____			5.	_____		
Room #2	Name	Grade	C/S	Room #2	Name	Grade	C/S
1.	_____			1.	_____		
2.	_____			2.	_____		
3.	_____			3.	_____		
4.	_____			4.	_____		
5.	_____			5.	_____		
Room #3	Name	Grade	C/S	Room #3	Name	Grade	C/S
1.	_____			1.	_____		
2.	_____			2.	_____		
3.	_____			3.	_____		
4.	_____			4.	_____		
5.	_____			5.	_____		
Room #4	Name	Grade	C/S	Room #4	Name	Grade	C/S
1.	_____			1.	_____		
2.	_____			2.	_____		
3.	_____			3.	_____		
4.	_____			4.	_____		
5.	_____			5.	_____		



@ LeConte Convention Center  
in Pigeon Forge, TN  
December 28-30, 2018

t e n t a t i v e s c h e d u l e

Friday, December 28, 2018

2:00-4:00 PM	Registration
5:00 PM	Free Time
6:30 PM	Worship/Concert
9:00 PM	FREE TIME
11:30 PM	**Church Time
12:00 AM	Lights Out

Saturday, December 29, 2018

8:30 AM	*Personal Devotion
9:30 AM	Worship
11:00 AM	FREE TIME
6:30 PM	Worship/Concert
11:00 PM	**Church Time
12:00 AM	Lights Out

Sunday, December 30, 2018

8:30 AM	*Personal Devotion
9:30 AM	Worship
11:00 AM	Depart for Home

\*SDEA will provide devotions in student handbook

\*\*Church Time is designed for your group to gather and share. God will move in your group during the conference, so take advantage of this time by sharing laughs, tears, prayers and experiences together. You choose the location and setting that best suits your group.



@ Sevierville Convention Center,  
& LeConte Convention Center  
in the Smoky Mountains of Tennessee  
January 19-21, 2019

P i c k      Y o u r      T r a c k

See individual tentative schedules to make your selection.



If AT ALL possible, our group would like to be in the **Alpha / Omega** session.

If AT ALL possible I would like the following worship leader:

Rush of Fools  
(Sevierville CC)

Mosaic MSC  
(LeConte CC)

**Please choose one session and one worship leader. Sorry, no guarantees!**



SEVIERVILLE CONVENTION CENTER  
TENTATIVE SCHEDULE  
WORSHIP LEADER: Rush of Fools

**Alpha Session**

**Saturday, January 19, 2019**

7:00 PM – **Session I**

Held at the Sevierville Convention Center

10:00 PM – Free Time

11:00 PM – Church Time

12:00 AM – Lights Out!

**Sunday, January 20, 2019**

7:30 AM – Personal Devotion

8:30 AM – **Session II**

10:00 AM – Free Time

7:00 PM – **Session III**

Held at LeConte Convention Center

10:00 PM – Free Time

11:00 PM – Church Time

12:00 AM – Lights Out!

**Monday, January 21, 2019**

7:30 AM – Personal Devotion

8:30 AM – **Session IV**

10:00 AM – Head for home – See you next year!

**Omega Session**

**Saturday, January 19, 2019**

7:00 PM – **Session I**

Held at LeConte Convention Center

10:00 PM – Free Time

11:00 PM – Church Time

12:00 AM – Lights Out!

**Sunday, January 20, 2019**

9:30 AM – Personal Devotion

10:30 AM – **Session II**

12:00 PM – Free Time

7:00 PM – **Session III**

Held at Sevierville Convention Center

10:00 PM – Free Time

11:00 PM – Church Time

12:00 AM – Lights Out!

**Monday, January 21, 2019**

9:30 AM – Personal Devotion

10:30 AM – **Session IV**

12:00 PM – Head for home – See you next year!



LECONTE CONVENTION CENTER  
TENTATIVE SCHEDULE  
WORSHIP LEADERS: Mosaic MSC

**Alpha Session**

**Saturday, January 19, 2019**

7:00 PM – **Session I**

Held at the Sevierville Convention Center

10:00 PM – Free Time

11:00 PM – Church Time

12:00 AM – Lights Out!

**Sunday, January 20, 2019**

8:00 AM – Personal Devotion

9:00 AM – **Session II**

10:30 AM – Free Time

7:00 PM – **Session III**

Held at LeConte Convention Center

10:00 PM – Free Time

11:00 PM – Church Time

12:00 AM – Lights Out!

**Monday, January 21, 2019**

8:00 AM – Personal Devotion

9:00 AM – **Session IV**

10:30 AM – Head for home – See you next year!

**Omega Session**

**Saturday, January 19, 2019**

7:00 PM – **Session I**

Held at LeConte Convention Center

10:00 PM – Free Time

11:00 PM – Church Time

12:00 AM – Lights Out!

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**@ Sevierville Convention Center,  
 & LeConte Convention Center  
 in the Smoky Mountains of Tennessee  
 January 19-21, 2019**

## H o u s i n g                      F o r m

Please select your top three choices for lodging during the Strength to Stand Student Bible Conference in January. We will try to accommodate your requests, but we cannot guarantee first choice placement. Hotels are filled upon a first come, first serve basis.

\*Most of our hotels include a continental breakfast.

<b>Basic Housing</b>	<b>Standard Housing</b>	<b>Deluxe Housing</b>
Best Western Plaza Inn	All Season Suites	Dollywood's DreamMore Resort
Best Western Toni Inn	Black Fox Lodge	The Inn at Christmas Place
Comfort Inn Dollywood Lane	Econolodge Riverside	Riverstone Resort and Spa
Country Cascades	Holiday Inn Express – Sevierville	The Summit at Country Cascades
Creekstone Inn	LaQuinta Inn and Suites – Pigeon Forge	Wilderness Lodge
Oaktree Lodge	The Lodge at Five Oaks (formerly Fairfield Inn)	
Pigeon River Inn	Main Stay Suites	
Quality Inn Dollywood Lane	Music Road Hotel	
Ramada Limited	Music Road Inn	
River Bend Inn	Shular Inn	
	Spring Hill Suites	





@ LeConte Convention Center  
 in Pigeon Forge, TN  
 December 28-30, 2017

H o u s i n g F o r m

Please select your top three choices for lodging during the Strength to Stand Student Bible Conference in December. We will try to accommodate your requests, but we cannot guarantee first choice placement. Hotels are filled upon a first come, first serve basis.

\*Most of our hotels include a continental breakfast.

Basic Housing	Standard Housing	Deluxe Housing
Quality Inn & Suites Dollywood Lane	Comfort Inn & Suites Dollywood Lane	Music Road Hotel
River Bend Inn	Creekstone Inn	Music Road Inn
	Shular Inn	The Lodge at Five Oaks (formerly Fairfield Inn)
	Sleep Inn	



## SPECIAL NEEDS INFORMATION

Attention Group Leader: The purpose of this section is (1) to enable you to notify STS of individuals in your group who have special needs and (2) to communicate to group leaders about what STS is able to do to accommodate those with special needs, particularly disabilities under the Americans with Disabilities Act (ADA).

It is our desire to host all people with excellence, including those with special needs. This will not be possible without the help of the group leader. Please provide notification at least 45 days prior to the first day of your conference in order to allow us enough time to accommodate the individual's need. Please mail, email or fax this form to the STS office. If you have questions, you may contact us at 800.869.8738. When we receive notification of your special need request, you will be contacted by a person in our office to begin the process of preparing to accommodate the need.

### Information about the individual with the special need:

Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Youth Minister: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

### Youth Minister Contact Information:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Individual with Disability: \_\_\_\_\_

Gender: M / F Age: \_\_\_\_\_

Please check the appropriate box to indicate the type of special need of the individual:

\_\_\_\_\_ Deaf or Hard of Hearing (proceed to page 2: Deaf/Hard of Hearing Section)

\_\_\_\_\_ Physical Disability requiring wheel-chair access (proceed to page 3)

\_\_\_\_\_ Blind

\_\_\_\_\_ Other Disability (please be specific in the space below)

Comments:

## SPECIAL NEEDS INFORMATION SHEET DEAF OR HARD OF HEARING STUDENTS

**STS will do the following to host individuals who are deaf or hard of hearing:**

1. Reserved seating for the individual and a couple of his/her friends. (We cannot guarantee reserved seating for the entire group.)
2. Strategic placement of reserved seating to allow for good sight lines to video screens and the stage.
3. Space for interpreter, as well as accommodation of needs of interpreter (lighting, podium, etc.) during large group gatherings including worship and concerts.
4. Assistance with provision of interpreters during large group gatherings including worship and concerts.

**The group leader will be responsible for the following:**

1. Prior to the event, all communication with STS, including special requests, needs to be made by the group leader.
2. During the event, all requests must be made by the Group Leader TO the Conference Director.
3. STS may require the individual and special helps (interpreters, etc) to be in place 15 minutes before doors open to the large group session to ensure that reasonable accommodations will take place.
4. Assistance with provision of interpreters during large group gatherings including worship and concerts.

**Information about the individual with the special need:**

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Youth Minister: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_

**Please describe the extent of the hearing disability in the space below:**

Please indicate the helps you are requesting STS to provide:

\_\_\_\_\_ Reserved Seating

\_\_\_\_\_ Interpreter (STS will secure an interpreter. Please make this request at least 45 days prior to the first day of your conference).

\_\_\_\_\_ Other (explain below):



**SPECIAL NEEDS INFORMATION SHEET**  
**SPECIAL NEEDS OTHER THAN DEAF/HARD OF HEARING**

**Information about the individual with the special need:**

Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Youth Minister: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

Name of individual with disability: \_\_\_\_\_

Gender: M / F Age: \_\_\_\_\_

Please describe the extent of the disability/special need:

Please describe your special need request:



Church: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Group Leader Name (Authorized Agent): \_\_\_\_\_

It is the desire of STS to reach the world one by one. During events this best happens through a solid partnership with the local church to help create a meaningful and safe experience. The following responsibilities are asked and required from each attending group's leadership:

- **I understand the responsibilities of the Strength to Stand Conferences are only to provide programming for the conference.**
- **I am responsible for the Spiritual guidance of all individuals in our group.**  
*This includes, but is not limited to, counseling students and adults concerning spiritual decisions in corporate gatherings, quiet time, church group time, as well as other opportunities throughout the event.*
- **I am responsible for discipline, supervision and leadership of individuals in our group.**  
*This includes, but is not limited to, in the lodging, during corporate gatherings, during scheduled events and throughout free time.*
- **I understand that any damages incurred on campus due to actions from members of our group will be the sole responsibility of that individual or the church/group that they are attending with.**
- **I understand that all decisions regarding medical needs of individuals under my supervision are the sole responsibility of our adult leadership and me.**  
*This includes, but is not limited to, decisions about medical/injury treatment, collecting and maintaining copies of medical release forms, medical history or attendees' medical insurance information, transportation to medical facilities if needed and communication with parents or guardians regarding any medical needs of attendees.*
- **I am responsible for a child protection policy.**  
*This may necessitate conducting background checks on the adult leaders you bring, as well as establishing guidelines and policies that ensure safety of the students you to bring the conference.*
- **I understand that I am responsible for the arrival and departure of all of my students. If parents are picking up a student early, they will make arrangements through me and I will communicate with them regarding any attendee's departure from a STS event.**
- **I also understand and agree to abide by the refund policy and the cost of attendance requirements.**
- **I understand that I am responsible to uphold the event guidelines that STS and the conference location have set that will be communicated to each student and adult at STS events.**  
*This includes, but is not limited to, dress standards, attendance, lights out, guys and girls being in the appropriate rooms, no alcohol, tobacco, drugs, weapons or fireworks.*

In the event of an accident or injury to a participant at STS events, the STS staff will not make any recommendations or decisions regarding medical treatment or diagnose illnesses or injuries. Our staff may provide basic first aid but will never provide medication of any kind. All medical decisions are reserved for the authorized agent (group leader) of the church. We strongly urge that medical attention be sought for any injury occurring during at a STS event.

I understand my responsibilities as the authorized agent of my church and I will properly train, educate and inform each of my adult leaders to help our group carry out our assigned tasks and expectations.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Church: \_\_\_\_\_ Date: \_\_\_\_\_