

**OFFICIAL REGISTRATION FORM - 2018
 MARRIED COUPLES AND CHILDREN**
 Please print and return completed form

Name: MARRIED COUPLES CONFERENCE
Date: Friday, June 22nd to Monday, June 25th, 2018 **Location:** Lake Yale Baptist Conference Center
 Check-in will begin at 4:00pm on Friday, June 22nd, 2018. Participants must be at least 18 Years Old by June 22nd, 2018.
ALL MARRIED COUPLES WITH OR WITHOUT CHILDREN ARE WELCOME. SMOKING AND DRINKING ARE NOT ALLOWED!
Participation Fee: (Includes FREE Lodging, Meals, Indoor/Outdoor Activities, and Program) Camp T-Shirt: \$10.00 Each.
 ***Registration: \$200.00 Per Person, if registered BEFORE MAY 25th, and \$250.00 if registered AFTER MAY 25th.
 *** Registration will be accepted until, **June 4th, 2018, depending on availability (Register early as place is limited).**
 Registration will NOT be accepted at Lake Yale. Fill out this application and return along with payment to Convention.

Participant Information

Last Name: _____ First Name: _____
 Date of Birth (MM/DD/YYYY): _____ Sex: _____
 Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____

Spouse Information

Last Name: _____ First Name: _____
 Date of Birth (MM/DD/YYYY): _____ Sex: _____
 Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____

Family History

Married: Yes No Wedding anniversary (MM/DD/YYYY): _____ Number of children: _____

Church Affiliation

Church Name (No abbreviations): _____
 Church Address (Include City/Zip): _____
 Pastor's Name (Last, First): _____ Pastor's Contact Info: _____

Conference Information/Interest: (Please select each box that best describes you and your interest).

Participation: 1st time Returning Participant Wish to be a volunteer next time Interested in family counseling

Indicate the age group of your children: Children 0-2 Yrs. \$25.00 Children 3-8 Yrs. \$75.00 Children 9-12 Yrs. \$100.00

Provide name and information of children from 0-12 Years old who will be attending the Conference with you:
 All children MUST be registered, and animals are NOT allowed on site! Free Playpen for babies. Please see CAMP RULES AND REGULATIONS for more information. Fill out a Medical Information Form for each child attending the camp.

Name: _____ Age: _____ Male Female
 Name: _____ Age: _____ Male Female
 Name: _____ Age: _____ Male Female

Indicate your Room Preference (Depends on Availability):

Single Occupancy Room: \$250.00 1st Floor 2nd Floor King size (On Availability)
 Double Occupancy Room: \$200.00 1st Floor 2nd Floor Playpen (For Babies)

Total of people attending: _____ **#Adults:** _____ **#Children:** _____ **Total Cost: \$** _____

Payment Information:

Please make check payable to FLORIDA BAPTIST CONVENTION or complete information below to pay by credit card.
 Cardholder's Name: _____
 Cardholder's Billing address: _____ City _____ State _____ Zip Code _____
 Card Acct. # _____ - _____ - _____ Exp. Date _____ Security Code _____

Cancellation: If unable to attend for any reasons and wish to cancel after having registered, a WRITTEN request must be submitted to the office at dnorde@fbaptist.org at least two weeks prior to the event.

Signature: _____ **Date:** _____