

**OFFICIAL REGISTRATION FORM - 2018
 YOUNG ADULTS**
 Please print and return completed form

Name: YOUNG ADULTS CONFERENCE *(If you are a single person with kids, please use Married Couples Form)*
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 YOUNG ADULTS (18 AND OLDER) 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.
 *** Regular Registration: \$200.00 Per Person, if registered BEFORE MAY 25th, 2018.
 *** Late Registration: \$250.00 Per Person, if registered AFTER MAY 25th, 2018.
 *** **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. You may register online at www.flbaptist.org or simply fill out this application and mail it along with your payment to the provided address of the Convention.

CONTACT PERSON

Name: Rev. Dr. Mr. Mrs. _____
 Address _____ City _____ Zip Code _____
 Phone : (____) _____ Email : _____



CHURCH INFORMATION

Church Name: _____
 Address _____ City _____ Zip Code _____
 Pastor: _____ Contact Info: _____

PARTICIPANTS: (Please provide the list of all young adults who will be attending the conference on the back of this form).

PAYMENT INFORMATION

Total Number of People Registered: _____ **Payment in Check \$** _____ **Credit Card \$** _____ **Cash \$** _____

COMPLETE THIS SECTION ONLY IF YOU ARE PAYING WITH A CREDIT CARD:  

Account #: _____ Exp. Date _____ 3 Digits Security Code _____
 Name on the Card (PRINT) : _____ Signature : _____
 Address of the Person on the Card: _____ City _____ State _____ Zip 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@flbaptist.org at least two weeks prior to the event.

Signature : _____ **Date :** _____

LIST OF YOUNG ADULT PARTICIPANTS

Please provide the names of all young adult participants along with their room preference. Register early as rooms are limited!

ROOM 1: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 3: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 5: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 7: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 9: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 11: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 13: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 15: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 2: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 4: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 6: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 8: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 10: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 12: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 14: 1st Floor 2nd Floor

Person1_____

Person2_____

ROOM 16: 1st Floor 2nd Floor

Person1_____

Person2_____