



OFFICIAL REGISTRATION FORM
 Florida Baptist Convention
 WMM/Missions Education Team
 1230 Hendricks Avenue
 Jacksonville, FL 32207-8696
 1-800-226-8584, extension 3140

650-622-3

2012 Come Together *for Middle & High School Girls*

MARCH 9-11, 2012

Lake Yale Baptist Conference Center

Cost includes food, lodging and program

___ \$129.00 per person, **Adult Assembly (linens provided)**

___ \$107.00 per person, **Youth Camp (linens not provided-please bring your own)**

General Information:

- **Email address * Important:** Registration confirmation and additional information is sent via this method.
- Registration must be received by the Accounting Department seven (7) working days prior to the event or will close earlier if capacity is reached.
- **Make check** for FULL AMOUNT **payable** to the Florida Baptist Convention. **Mail** to the Florida Baptist Convention, Accounting Department, 1230 Hendricks Avenue, Jacksonville, FL 32207. For credit Card payments fax to 904-596-4472 or call 1-800-226-8584, extension 3140.
- Leaders **MUST** accompany Acteens. One adult leader or mentor per six (6) teenage girls is required. Pants, dresses and knee length shorts may be worn. (Midriff may NOT be exposed.)
- Registration check-in begins at 4:00pm with dinner being served at 5:30pm. The program will conclude Sunday at 10:00am.

CANCELLATION POLICY: Receive full refund if you cancel 60 or more days prior to the event. Receive one-half refund if you cancel 30-59 days prior to the event. No refund if you cancel 29 or less days prior to the event. In case of serious illness, written letter of explanation will be considered for refund. Early notification in case of illness will aid the process. Substitutions are always accepted up to check in. We encourage you to take advantage of the ministry opportunity to transfer your registration to another person.

Group Leader Information

Name _____ Home Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Email _____ Church _____

Total # of registrants _____ Amount enclosed \$ _____ Total # of JR/SR's _____ Total # of girls _____

Total # Leaders _____ Total # of participants in Recognition service _____

Credit card number _____ (VISA/MC ONLY) Expiration. date _____

3 Digit Security Code _____ Credit Card Holder Name _____

Billing Address of Cardholder _____ City _____ Zip Code _____

Name: _____ Grade: _____

Name: _____ Grade: _____

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