

# Xtreme Summer 2008 Reservation Form

Please return this form, along with deposit, by April 15th to confirm your registration  
Xtreme Conferences, P.O. Box 965293 Marietta GA 30066 or Fax 770-592-8239

Church: \_\_\_\_\_ Registration #: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***As a group leader attending the Xtreme Summer 2008 conference,  
I understand that the actions of the individuals in my group will be the  
responsibility of myself and my designated chaperones.  
I further understand that Xtreme Conference is in place to entertain and  
minister, and cannot be held responsible for actions of my group. I realize  
that any damage done by my group to our lodging or any Xtreme property  
will be my responsibility and will be taken care of before my departure  
from the conference.***

***I also have read and understand the refund policy, financial guidelines,  
and rules and regulations, and agree to abide by them.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Deposit Calculation**

We will need accommodations for a total of \_\_\_\_\_ participants x \$100 each = \_\_\_\_\_  
(Please List All Participants on the Following Page)

We will need conference tickets only for a total of \_\_\_\_\_ participants x \$50 each = \_\_\_\_\_

Total Deposit Needed \_\_\_\_\_

## **Payment Information**

\_\_\_\_\_ Enclosed is a check for our Total Deposit from above.

\_\_\_\_\_ Please charge our credit card for our Total Deposit from above.

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

(Please No Discover Cards)