

# X TRE 2009



*Summer*  
JUNE 29-JULY 3  
P.C.B.

## 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:** \_\_\_\_\_

As a group leader attending the Xtreme Summer 2009 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:** \_\_\_\_\_

<i>Deposit Calculation</i>	We will need accommodations* for a total of _____ participants x \$100 each =	
	We will need conference tickets only for a total of _____ participants x \$50 each =	
	<i>*Please List All Participants on the Following Page</i> <b>TOTAL DEPOSIT NEEDED:</b>	

*Payment Information*

Enclosed is a check for our Total Deposit from above.

Please charge our credit card for our Total Deposit from above. (Please No Discover Cards)

**CREDIT CARD #:** \_\_\_\_\_ **EXP:** \_\_\_\_\_