

XTREME WINTER RESERVATION FORM 2014-2015



PLEASE SIGN, DATE AND RETURN WITH REGISTRATION FORMS & DEPOSIT. YOUR REGISTRATION CANNOT BE PROCESSED WITHOUT THIS FORM.

BY SIGNING THIS FORM YOU AGREE TO THE FOLLOWING:

As a group leader attending xtreme winter 2014/2015 conferences, 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 hotel or any xtreme property will be my responsibility and will be taken care of before my departure from the conference. I have also read and understand the Cancellation Policy, Housing Policy and Financial Info and agree to abide by them.

MAIL OR FAX TO:



xtreme conferences

**P.O. BOX 2034
WOODSTOCK, GA 30188
PHONE: 1.888.987.3636
FAX: 770.592.8239**

GENERAL INFO

REGISTRATION NUMBER _____

CHURCH NAME _____

GROUP LEADER _____

ADDRESS _____

ADDRESS _____

PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

EMAIL ADDRESS _____

CONFERENCE

PLEASE SELECT A CONFERENCE:

- BRANSON
DEC.27 - DEC.29
- GATLINBURG 01
DEC.27 - DEC.29
- GATLINBURG 02
DEC.29 - DEC.31
- GATLINBURG 03
DEC.31 - JAN.2

BILLING INFO

- Enclosed is \$50 per person deposit for _____ participants
- Enclosed is \$35 per person (Conf. Only) deposit for _____ participants
- Bill my credit card for my deposit:

Card No: _____ Expires: _____

AUTHORIZATION

GROUP LEADER NAME (SIGNATURE) _____ DATE SIGNED _____

GROUP LEADER NAME (PLEASE PRINT) _____