

Our Generation Summit 2010

The Missions-Centered Winter Retreat

December 31, 2009- January 2, 2010

REGISTRATION

PERSONAL INFORMATION

Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____
How many children under the age of 13 are attending with you? _____
Are you paying for anyone else to register? _____ Yes _____ No
If so, please list their names and age: _____

Do you attend a college? _____ Yes _____ No | Name of College: _____
How did you hear about the conference? _____

CHURCH INFORMATION

Church's Name: _____
Pastor's Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

REGISTRATION FEE

I have paid the registration fee of \$ _____ and I the undersigned know that this amount is non-refundable.

Signature: _____ Date: _____

PAYMENT INFORMATION

\$50 Registration/Conference Fee Per Person (12 and under are free).

Room Cost

\$50 Room fee per person in a shared room.

\$200 Room fee per married couples.

(There is no extra cost if your children stay with you.)

Make checks payable to: "Vision Baptist Missions" and give to the one whom is registering you or send to Vision Baptist Missions P.O. Box 442, Alpharetta, GA 3000.

The registration fee is due at the time of registration and the rest of the amount is due when checking in at the conference.

-----Office Use Only-----

TOTAL PAID: Registration Fee Only Paid in full Total Paid at registration: \$ _____

SCHOLARSHIP

Type of Scholarship: _____ Approved Discount: _____

Amount Due at Check in: _____