

FULL Church Name \_\_\_\_\_

PRINT or TYPE IN ALL CAPS . . . . Example: Wesley Memorial UMC or First Baptist Morristown or First UMC Rockford

## RESURRECTION 2010 - EARLY REGISTRATION

Please *do not use this form after June 1, 2009.*

After that date, use the registration form available online at [www.holstonyouth.com](http://www.holstonyouth.com). Posters will be available in June.

Information must be provided in *FULL* and postmarked by June 1, 2009 in order to receive the early registration rate.

**\*Please note that sessions will be filled on a first-come, first-served basis. If the session you request is full, we will offer you the option to change sessions and/or weekends or offer your group a refund.\***

PRINT OR TYPE

Choose weekend  
and session:

Weekend 1: Jan. 15-17, 2010

Session **A** or **B**  
(circle one)

Weekend 2: Jan. 22-24, 2010

Session **A** or **B**  
(circle one)

Church or Pastor

Information:

Mailing Address (only) ↗

City, State, Zip ↗

Area code and Phone ↗

Area Code and Phone No. During Event ↗

Sr. Pastor's Name (PRINT) ↗

Church or Pastor Email Address ↗

Denomination ↗

If UMC, Conference ↗

**REQUIRED:** → →

Hotel/Housing Name: ↗

Area Code and Phone ↗

# of Rooms ↗

Group Leader  
Information:

Leader's Name (PRINT) ↗

Email Address ↗ (REQUIRED)

Area code and Phone ↗

Area Code and Phone No. During Event ↗

Questions? Email Resurrection Registrar at [registraryouth@holston.org](mailto:registraryouth@holston.org)

NOTE: Registration Confirmation will be made by email.

### Reservations

Please note: Payment in-full must be received with this registration form payable to Holston Conference.

Number of Junior Highs: \_\_\_\_\_

Number of Senior Highs: \_\_\_\_\_

Number of Adults (excluding free clergy): \_\_\_\_\_

Total Number **PAID** reservations: \_\_\_\_\_

@ \$25 ea. = Amount Enclosed \_\_\_\_\_

In an effort to encourage pastors to attend, one (1) clergy (senior or associate) per charge/church is free.

Clergy attending with group (Yes = 1, No = 0) \_\_\_\_\_

Print Pastor's Name: \_\_\_\_\_

**Total number of reservations** (including free clergy) \_\_\_\_\_

Number of people who need a deaf interpreter included in your total \_\_\_\_\_

**Mail Completed Registration and Check to:**

Resurrection 2010

P.O. Box 850

Alcoa, TN 37701-0850

Office use only:

Date Received: \_\_\_\_\_ Ck# \_\_\_\_\_