

FULL Church Name _____

PRINT or TYPE IN ALL CAPS Example: CLINTON MEMORIAL UMC or FIRST UMC, KNOXVILLE

RESURRECTION 2009 - REGISTRATION

Information must be provided in **FULL** and postmarked by **December 1, 2008** in order to receive the regular registration rate.

Please do not use this form after December 1, 2008.

After December 1, use the Late Registration form available at www.holstonyouth.com or call 423-928-2156 x 243.

***** **DO NOT LEAVE BLANK LINES. REGISTRATION MAY BE RETURNED IF INCOMPLETE.** *****

PRINT OR TYPE

Choose weekend and session:

Weekend 1: Jan. 16-18, 2009

Session **A**

or **B** (circle one)

Weekend 2: Jan. 23-25, 2009

Session **A**

or **B** (circle one)

Group Leader Information:

Leader's Name (PRINT) ↗ Email Address ↗ (REQUIRED)

Mailing Address ↗ City, State, Zip ↗

Area code and Phone ↗ Area Code and Fax ↗ Cell Phone ↗

Church Information:

Church Name

Mailing Address (only) ↗ City, State, Zip ↗

Area code and Phone ↗ Area Code and Fax ↗ 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 ↗

NOTE: Registration CONFIRMATION MAY BE MADE BY EMAIL OR FAX. Be sure an email address or fax number is provided for the church, pastor and the group leader. Otherwise, your registration will be confirmed by your cancelled check or by the letter included in the information packet that will be mailed in December. **Questions? Email Resurrection Registrar at registraryouth@holston.org**

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: _____

@ \$35 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 Name of Clergy: _____

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 2009
P.O. Box 2506
Johnson City, TN 37605-2506

Office use only:

Date Received: _____ Ck# _____

In Sys: _____ Reply _____