

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

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

# RESURRECTION 2013 - EARLY REGISTRATION

Please *do not use this form* after July 1, 2012.

After that date, use the registration form available online at [www.resurrectionyouth.com](http://www.resurrectionyouth.com). Posters will be available in June. Information must be provided in *FULL* and postmarked by July 1, 2012 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  
Choose weekend  
and session:

Weekend 1: Jan. 18-20, 2013 Session <b>A</b> or <b>B</b> (circle one)	Weekend 2: Jan. 25-27, 2013 There will only be 1 session during Weekend 2.
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Church or Pastor

Information: Church Mailing Address (only) ↗ \_\_\_\_\_ City, State, Zip ↗ \_\_\_\_\_

Area code and Phone ↗ \_\_\_\_\_ Pastor's CELL PHONE ↗ (REQUIRED) \_\_\_\_\_

Sr. Pastor's Name (PRINT) ↗ \_\_\_\_\_ Pastor Email Address ↗ (REQUIRED) \_\_\_\_\_

Denomination ↗ \_\_\_\_\_ If UMC, Conference ↗ \_\_\_\_\_

**REQUIRED:** → → Hotel/Housing Name: ↗ \_\_\_\_\_ Area Code and Phone ↗ \_\_\_\_\_ # of Rooms ↗ \_\_\_\_\_

Group Leader Information:

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

Area code and Phone ↗ \_\_\_\_\_ Leader's CELL PHONE ↗ (REQUIRED) \_\_\_\_\_

Questions? Email Resurrection Registrar at [registraryouth@holston.org](mailto:registraryouth@holston.org) or call (865) 293-4137

**NOTE:** Registration Confirmation will be made my email only.  
Please make sure that you give us a correct email address.

### Reservations

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

*Please keep in mind the adult to youth ratio.*  
**One adult per every five youth**  
**Ex: 15 youth = 3 adults**

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 **ONLY**) 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 \_\_\_\_\_  
(Available only Session 1A & 2)

Mail Completed Registration and Check to:

Resurrection 2013  
P.O. Box 850  
Alcoa, TN 37701-0850

Office use only:  
Date Received: \_\_\_\_\_ Ck# \_\_\_\_\_