

**NORTH CAROLINA
BAPTIST CONFERENCE FOR THE
DEAF**

**CAMP CARAWAY CONFERENCE
CENTER
NOVEMBER 10TH-12TH, 2017
THEME: GOD > ME {JOHN 3:30}**

<p>PLEASE FILL OUT FORM FOR EACH PERSON (NCBCD or JrNCBCD):</p> <p>Full Name: _____</p> <p>Check One: Deaf/Hard of Hearing _____ Hearing _____ Tactile _____ Low Vision _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email Address: _____</p> <p>Home/VP #: _____</p> <p>Cell/Text #: _____</p> <p>Church Name: _____</p> <p>**IF you are sharing with your spouse/family, please send ONE check for total cost for you and your spouse/family.</p> <p>Checks payable to <u>NC Baptist Conference for the Deaf</u> by a check, money order or a cashier's check.</p> <p>MAIL TO: NCBCD c/o NCBCD Registration & Messenger Forms P.O. Box 18354 Greensboro, NC 27419-8354</p> <p>ROOMMATE PREFERENCE: _____</p> <p>HANDICAPPED ACCESSIBLE ROOM: YES _____ NO _____</p>	<p>JrNCBCD REGISTRATION FEE:</p> <ul style="list-style-type: none"> • \$150 Regular Registration (ages 9-18 years) by November 1st, 2017 <p>CHILDREN NOT IN JrNCBCD MEAL PLAN:</p> <ul style="list-style-type: none"> • 0-5 years old - FREE • 6 years old and up - Breakfast (\$5); Lunch (\$6); Dinner (\$7) <p>**CHILD CARE IS OFFERED FOR FREE FOR AGES 0-8 YEARS OLD BY UNC-GREENSBORO STUDENTS</p> <p>Child Care Registration: Names: _____ _____</p> <p>Ages: _____</p> <p>SPECIAL NOTES ABOUT CHILD CARE: If child(ren) who are attending with parents and NOT participating in NCBCD or JrNCBCD, parents pay for their meals only (per child) and room cost is FREE for the child(ren). Parents still pay for room fee for themselves. If you need financial aid for families with children, please contact Alicia Griffin, treasurer: ali3griffin@gmail.com</p>
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CHOOSE ONE PACKAGE / ENCOURAGED TO HAVE AT LEAST TWO PEOPLE IN A ROOM. IF YOU ROOM BY YOURSELF, IT IS \$195 FOR THE ENTIRE WEEKEND.

PACKAGE #1	PACKAGE #2	PACKAGE #3
<p>_____ FULL WEEKEND (6 meals)</p> <ul style="list-style-type: none"> • \$160 by October 15th, 2017 • \$165 by November 1st, 2017 • \$170 after November 1st, 2017 	<p>_____ ONE NIGHT ONLY either Friday night or Saturday night (4 meals)</p> <ul style="list-style-type: none"> • \$130 by October 15th, 2017 • \$135 by November 1st, 2017 • \$140 after November 1st, 2017 	<p>_____ ONE DAY ONLY Saturday (Lunch and Dinner) NO HOTEL STAY</p> <ul style="list-style-type: none"> • \$50 by October 15th, 2017 • \$60 by November 10th, 2017

TOTAL COST PER COUPLE/FAMILY/JrNCBD: _____

PLEASE REFER TO SECOND PAGE FOR MESSENGER FORM.

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Messenger/Visitor Form for 2017 Annual NCBCD Business Meeting:

Name _____ Church _____

Your Pastor _____

IF YOU WANT TO BE A MESSENGER, PLEASE FILL OUT BELOW:

I, _____ (your name), will attend the business meeting and I will support NCBCD and will vote during the business meeting. My pastor will support me to go there and help NCBCD.

Pastor Signature _____