

DELEGATE REGISTRATION FORM

FORM **1**

Jubilee

Smoky Mountain

SENIOR ADULT RETREAT
- GATLINBURG, TENNESSEE -

APRIL 24-26, 2018

\$69 per person
\$75 after March 30, 2018

ATTENTION:

This *Smoky Mountain Jubilee* Delegate Registration entry form does not register you and/or your group for the *Senior Talent Competition* which is required in order to compete in senior talent on a national level. Please make sure all forms are completed.

Completed form & payment must be submitted to USA MISSIONS by Friday, March 30, 2018

1 – INDIVIDUAL (SKIP AND GO TO 2-GROUPS, IF REGISTERING AS A GROUP)			
FIRST NAME:	LAST NAME:	(SPOUSE) FIRST NAME:	LAST NAME:
ADDRESS:		CITY:	STATE: ZIP:
PHONE: ()	<input type="checkbox"/> CELL <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME	EMAIL ADDRESS:	
NAME OF CHURCH ATTENDING:		CHURCH OF GOD STATE OFFICE REPRESENTING:	
2 – GROUPS (SKIP 2 IF FILLED OUT 1-INDIVIDUAL)			
GROUP LEADER – FIRST NAME:		GROUP LEADER – LAST NAME:	
ADDRESS:		CITY:	STATE: ZIP:
PHONE: ()	<input type="checkbox"/> CELL <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME	EMAIL ADDRESS:	
NAME OF CHURCH ATTENDING:		CHURCH OF GOD STATE OFFICE REPRESENTING:	
<i>*LIST EACH PERSON YOU ARE REGISTERING ON THE BACK OF THIS FORM.</i>		<i>**ALL CONFIRMATIONS FOR GROUPS WILL GO TO GROUP LEADER.</i>	
3 – REGISTRATION COST (DOES NOT INCLUDE FOOD OR LODGING)			
\$69 EACH PERSON – PRE-REGISTERED		TOTAL PEOPLE REGISTERING _____	TOTAL FEE(S) ENCLOSED \$ _____
\$75 EACH PERSON – WALK ON/AT THE DOOR		<i>(MAKE PAYMENT PAYABLE TO: Smoky Mountain Jubilee/USA Missions)</i>	
4 – MAIL REGISTRATION FORM & PAYMENT TO		5 – CANCELLATION POLICY	
SMJ REGISTRATION/ USA MISSIONS PO BOX 2430 CLEVELAND, TN 37320-2430		CANCELLATION REQUEST MUST BE SUBMITTED IN WRITING TO USA MISSIONS BY MARCH 30, 2018. MAIL REQUEST TO USA MISSIONS OR EMAIL AT: jubilee@churchofgod.org \$25 IS NON-REFUNDABLE FOR EACH PERSON	
6 – OTHER IMPORTANT INFORMATION			
FOR ASSISTANCE CALL (423) 478-7103		ALL NATIONAL SENIOR TALENT PARTICIPANTS MUST FILL OUT THIS FORM AND REGISTER FOR JUBILEE.	
USA MISSIONS OFFICE USE ONLY			
Payment type: check/cash/money order/other	Date Received: ____/____/2018	Amount Paid: \$	Amount Owed: \$
Number: _____ Other: _____			

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GROUPS ONLY ENTRY - LIST FIRST AND LAST NAME OF EACH MEMBER

Group Leader/Contact Person's Name: _____

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