

Deaf Men Zone

January 12-14, 2018

Shocco Springs Baptist Conference Center
1314 Shocco Springs Road, Talladega, AL 35160

Personal Information:

Name: _____

Address: _____

City / State / Zip: _____

Email: _____

Home Phone Number: _____

Videophone Number: _____

Text Number: _____

Food Allergies: _____

Circle which special accommodation(s) would you need?

Voice Interpreter

Support Service Provider

TV for Low Vision

Shirt Size: (Circle One)

S M L XL

2XL 3XL 4XL 5XL

Registration Fees: (Please Circle)

	Before Deadline Dec. 4, 2017 (include shirt)	Late Fee (no shirt)
Lodging Meals (2 Nights)	\$100	\$120
Additional Night 1/14/2018	\$130	\$150

Emergency Contact Information:

Name: _____

Relationship to you: _____

Home Phone Number: _____

Videophone Number: _____

Text Number: _____

Paintball

(Saturday afternoon)

\$28

Total: _____

Additional Night

Sunday, January 14, 2018

- Lunch on your own
- Supper - pizza from local pizza restaurant

Monday, January 15, 2018

- Breakfast at Bagley Center

Please make check or money order payable to Shocco Springs Baptist Conference Center. Write "Deaf Men Zone" on the memo line.

Mail to Shocco Springs Baptist Conference Center, 1314 Shocco Springs Road, Talladega, AL 35160

I plan to attend part, or all of the Deaf Men Zone on January 12-14, 2018 to be at Shocco Springs Baptist Conference Center in Talladega, Alabama. I fully understand that injury or illness could result from or during my participation in this event. In case of an accident or illness, I give my permission to receive medical treatment as deemed appropriate. I or my family will assume full responsibility for any medical bills, damage or death. The Deaf Men Zone will not be held responsible for accidents, injuries, or loss of property. BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS AND ASSUME FULL RESPONSIBILITY FOR YOURSELF AT THIS RETREAT FOR THESE DATES.

Your Signature

Date

DEADLINE IS DECEMBER 4, 2017

For Office Use Only

- Cash
- Check # _____
- Money Order # _____

Amount: _____

Received on Date of: _____