

# Deaf Men Zone

**April 9-11, 2021**

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)**

	<b>Before Deadline March 12, 2021 (include shirt)</b>	<b>Late Fee (no shirt)</b>
<b>Lodging &amp; Meals</b>	\$110	\$130

**Paintball**                      \$30

**Total:** \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Videophone Number: \_\_\_\_\_

Text Number: \_\_\_\_\_

**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 April 9-11, 2021 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 MARCH 12, 2021

**For Office Use Only**

- Cash
- Check # \_\_\_\_\_
- Money Order # \_\_\_\_\_

Amount: \_\_\_\_\_

Received on Date of: \_\_\_\_\_