

NORTH CAROLINA CONFERENCE FOR THE DEAF

NOVEMBER 10TH - 12TH, 2017

THEME: GOD > ME

CAMP CARAWAY CONFERENCE CENTER

PLEASE FILL OUT FORM FOR EACH PERSON (NCBCD or JrNCBCD):

FullName: _____

Check One: Deaf/Hard of Hearing _____

Hearing _____ Tactile _____ Low Vision _____

Address: _____

City _____ State: ___ Zip: _____

Email: _____

Home/VP #: _____

Cell/Text #: _____

Church Name: _____

****IF you are sharing with your spouse/family, please send ONE check for total cost for you and your spouse/family.**

Checks payable to [NC Baptist Conference for the Deaf](#) by a check, money order or a cashier's check.

MAIL TO: NCBCD

c/o NCBCD Registration &

Messenger Forms

P.O. Box 18354

Greensboro, NC 27419-8354

ROOMMATE PREFERENCE:

HANDICAPPED ACCESSIBLE ROOM:

YES _____ NO _____

JrNCBCD REGISTRATION FEE:

- o \$150 Regular Registration (ages 9-18 years) by November 1st, 2017

CHILDREN NOT IN JrNCBCD MEAL PLAN:

- 0-5 years old - **FREE**
- 6 years old and up - **Breakfast (\$5); Lunch (\$6); Dinner (\$7)**

****CHILD CARE IS OFFERED FOR FREE FOR AGES 0-8 YEARS OLD BY UNC-GREENSBORO STUDENTS**

Child Care Registration:

Names: _____

Ages: _____

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

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

TOTAL COST PER COUPLE/FAMILY/JrNCBD: _____

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 _____