

# 2010 TEEN GIRL CONFERENCE GROUP REGISTRATION FORM

**GIRLS MINISTRIES COORDINATOR TO COMPLETE THIS PAGE:**

Church Name: _____	City: _____
Coordinator's Name: _____	
Phone # (    ) _____	Email: _____
1. Enter the total number of Girls attending _____ @ \$145.00 each	\$ _____
2. Enter the number of Adults _____ @ \$145.00 each (One is required for every 5 teen girls)	\$ _____
3. If completed registration is <u>not</u> mailed by May 15, 2010 add an additional \$20.00 per person.	\$ _____
4. Add up rows 1, 2 and 3 for a subtotal of registration fees	\$ _____
5. Total number of camp pictures _____ @ 10.00 each	\$ _____
6. Number of 2XL and 3XL shirts ordered @ \$2.00 each _____	\$ _____
7. If your church chartered with the DRC by Jan. 31, 2010, Subtract \$7.00 <u>per chaperone</u> for early Chartering	\$ _____
8. Enter total camp fees due - add rows 4, 5, & 6 then subtract row 7	\$ _____
9. Enter your registration deposit amount enclosed with these forms: Minimum - \$75.00 <b>Non Refundable</b> deposit for each individual	\$ _____
11. ENTER BALANCE REMAINING - subtract row 9 from row 8 <b>BALANCE IS DUE IN THE DRC BY JUNE 15<sup>TH</sup></b>	\$ _____

**Send ONE Check payable to: Assemblies of God**  
**Mail to: Girls Ministries, 6051 S. Watt Avenue, Sacramento, CA 95829**

- Deposits are non-refundable
- Please send **ALL** completed forms in with this registration
- Camper : Youth ages 12 – 18 years old
- Chaperone: An approved 18+ year old
- Spirit Girl: An approved 18+ year old

**Please indicate where you would like confirmation letter sent: Please PRINT**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

For District Office use:

Date Received \_\_\_\_\_ Confirmation letter sent \_\_\_\_\_

Deposit Received \_\_\_\_\_ Check # \_\_\_\_\_



Children ✨ Student ✨ Youth Workers  
Background Screening  
Affidavit



Page 1

This form is to be completed in its entirety and signed by the Senior Pastor of the church in the presence of a Notary Public.

Legal Name of Church: \_\_\_\_\_

*If operating under a different name:*

DBA: \_\_\_\_\_

City (Location): \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Senior Pastor: \_\_\_\_\_

*Please list each individual separately*

1. Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Background ✓: \_\_\_\_\_

2. Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Background ✓: \_\_\_\_\_

3. Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Background ✓: \_\_\_\_\_

4. Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Background ✓: \_\_\_\_\_

5. Last: \_\_\_\_\_ First: \_\_\_\_\_ Date of  
Address: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Background ✓: \_\_\_\_\_

<b>District Use Only</b>	
Department: _____	Date Received: _____
Date Received by Custodian of Records: _____	Date Entered: _____



Children ✨ Student ✨ Youth Workers  
 Background Screening  
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 Page 2



State of California

County of \_\_\_\_\_

The information that has been provided on the attached document(s) for the \_\_\_\_\_ [# of individuals listed] individuals is correct and accurate.

The undersigned Pastor warrants that it has run background screening and has checked references on all volunteers, employees and pastors that will be working with children at the District sponsored event, and is not aware of any information that would suggest that any of said persons pose a risk of harm to minors.

Event Information	
<input type="checkbox"/> Children's Ministries	<input type="checkbox"/> Student Ministries
<input type="checkbox"/> Royal Rangers	<input type="checkbox"/> Girl's Ministries
Name of Event: _____	
Date(s) of Event: _____	

\_\_\_\_\_  
*signature of affiant (Senior Pastor)*

\_\_\_\_\_  
*printed name of affiant (Senior Pastor)*

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
*Signature of Notary*

My commission expires: \_\_\_\_\_, 20\_\_\_\_.

[Notary Seal]

***Airbrushed by God***  
**Teen Girl Conference July 22-24, 2010**  
**Individual Registration Form**

**Every teen and adult must complete a registration form.**  
**A parent/guardian must sign in all appropriate spaces where necessary.**

First & Last Name		Middle Initial	
Address:			
			Apt. #
City	State	Zip	
Phone #	Home (    )	Mobile (    )	
Date of Birth			
Church Name			Pastor
GM Coordinator			Phone # (    )
Name of Parents			
T-Shirt Size: (Circle One) ADULT SIZES ONLY	Small	Medium	Large    XL    2XL    3XL
Note: Add one dollar for 2XL and 3XL sizes			
Do you want a Camp Picture for an additional \$10.00 fee? (Circle one)	YES		NO

**CONFERENCE GUIDELINES**

1. Everyone is expected to conduct themselves as Christian ladies.
2. Campers will attend all workshops and chapel services.
3. No one will leave the camp-grounds without permission of the Conference Director.
4. Everyone will observe and abide by all "off-limits" restrictions.
5. Any injuries or sicknesses are to be reported to the Conference Nurse.
6. Visitors must register with the Conference Director prior to the event. Prepayment for meals must be made to the Conference Registrar. All visitors must abide by conference guidelines.
7. Tobacco, drugs, alcohol, improper reading material, destructive materials, and fireworks are expressly forbidden and are grounds for immediate dismissal.
8. All attendees must be in their own rooms at "lights out".
9. Attendees will clean up their rooms before checking out with conference staff.
- 10. Clothing must be modest. No bikini, string or thong style swimsuits. Tank tops should have wide straps to cover bra straps and shirts must be long enough to not reveal skin.**

\_\_\_\_\_  
 Teen's signature

\_\_\_\_\_  
 Date

**Cost of \$145 includes:**

**2 nights hotel accommodations & meals on Friday and Saturday**

**All Conference events and activities & Conference T-shirt**

**\*\*All checks should be submitted through your Girls Ministries Coordinator or Youth Pastor\*\***

## HEALTH AND CONSENT FORMS

Any Health Problems:		
Emergency Contact & Phone:		
Any Medication/Other Allergies:		
Polio Vaccination Received (circle one):	Yes	No
Date of last Tetanus shot:		
Activity Restrictions:		
Regular Medications:		
Name of Insurance Co:	Policy #	
Child's Social Security #:		
Physician's Name:	Phone #	
Additional Comments or Concerns:		

### Parental Consent

**I hereby give my permission for my daughter, \_\_\_\_\_, to participate in the 2010 TGM Conference activities and consent and agree to hold harmless the Assemblies of God Northern California/Nevada District Resource Center, its agents, employees, or volunteer assistants from claims that I (as a parent) might have arising out of my child's participation at the event.**

### Emergency Medical Care and Treatment

If it should become necessary for my child to receive medical treatment for any reason, I understand that the Assemblies of God/Northern California and Nevada District Resource Center's medical insurance policy acts in a primary position ONLY when the participant is not already covered by Insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance for the Assemblies of God/Northern California and Nevada District Resource Center. I also accept full responsibility for the cost of medical treatment for any injury not covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for each treatment. Moreover, I understand that temporary, emergency measures may be necessary to safeguard my child's health, and do hereby authorize and request the Assemblies of God/Northern California and Nevada District Resource Center personnel to administer or supervise such time as my child can be safely transported to a doctor or hospital.

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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First & Last Name		Middle Initial	
Address:			
			Apt. #
City		State	Zip
Phone #	Home (    )	Mobile (    )	
Date of Birth			
Church Name			Pastor
GM Coordinator		Phone #	(    )
Name of Parents			
T-Shirt Size: (Circle One) ADULT SIZES ONLY	Small	Medium	Large    XL    2XL    3XL
Note: Add one dollar for 2XL and 3XL sizes			
Do you want a Camp Picture for an additional \$10.00 fee? (Circle one)	YES		NO

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7. Tobacco, drugs, alcohol, improper reading material, destructive materials, and fireworks are expressly forbidden and are grounds for immediate dismissal.
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\_\_\_\_\_  
 Teen's signature

\_\_\_\_\_  
 Date

**Cost of            includes:**  
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**All Conference events and activities & Conference T-shirt**

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Polio Vaccination Received (circle one):	Yes	No
Date of last Tetanus shot:		
Activity Restrictions:		
Regular Medications:		
Name of Insurance Co:	Policy #	
Child's Social Security #:		
Physician's Name:	Phone #	
Additional Comments or Concerns:		

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**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## 2010 Teen Girl Conference Rooming Request

**Coordinators:** Please use this form to make room requests for your group. The sleeping arrangements are a maximum of 5 people per room - two double beds. There *should* at least be one sponsor for every four or five girls so there can be one sponsor in each suite. In accordance with the Child Safety laws, there should not be a sponsor and child sleeping in the same bed unless the sponsor is the parent of that child.

You know your girls better than we do. When setting up the room assignments, please make placements that reflect the best possible combination of attitudes, dispositions and supervision. If someone in your group needs special accommodations, please mark that individual's name with a "\*" and give an explanation in the space provided.

Actual room assignments and locations will be made by the hotel and won't be available until we arrive.

Return this form with your FINAL payment by June 15, 2010.

NAME OF CHURCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COORDINATOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

NUMBER OF GIRLS ATTENDING \_\_\_\_\_ SPONSORS \_\_\_\_\_

NUMBER OF ROOMS REQUESTED \_\_\_\_\_

RM	NAME OF EACH GUEST	AGE	RM	NAME OF EACH GUEST	AGE
<b>1</b>			<b>2</b>		

RM	NAME OF EACH GUEST	AGE	RM	NAME OF EACH GUEST	AGE
<b>3</b>			<b>4</b>		
<b>5</b>			<b>6</b>		

PLEASE EXPLAIN BELOW ANY SPECIAL REQUESTS. NOTE: WE HOPE TO ACCOMMODATE ANY SPECIAL REQUESTS YOU MIGHT HAVE, HOWEVER, WITH A VERY LARGE GROUP THIS MIGHT NOT BE POSSIBLE. YOUR PATIENCE AND UNDERSTANDING WILL BE APPRECIATED.

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NOTE: IF ADDITIONAL ROOMS ARE NEEDED PLEASE COPY THIS FORM BEFORE ENTERING THE INFORMATION. ATTACH THE FORMS TOGETHER AND ENTER ALL INFORMATION AT THE TOP OF EACH TITLE PAGE TO AVOID PROBLEMS IN CASE THE FORMS ARE SEPARATED FOR SOME REASON.

**FOR OFFICE USE ONLY:**

**# OF ROOMS ASSIGNED** \_\_\_\_\_

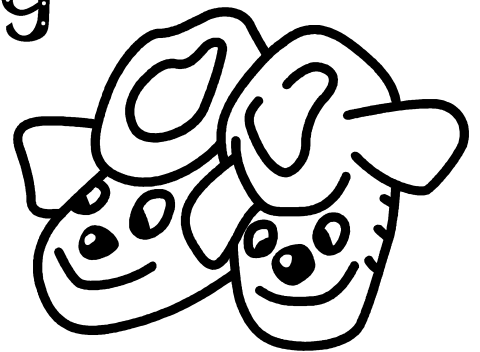
**ROOM #S:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

# Crazy Slipper Contest



Wear your wildest,  
biggest, and  
craziest slippers.  
Your creations  
should be unique  
and show something  
about the camp  
theme.



**Have fun!**

This event will take place  
at the church.

# Details for the Teen Girl Conference Coordinator

Here's where you'll find some ideas and directions for the forms included in this packet. Our goal is to make sure each form is clearly presented to you and help you avoid some of the common omissions we see on them.

## What you need to give your campers

Once you receive this packet, you'll need to get this info out to each of your Teen Girls and their families ASAP. We suggest you make a flyer that highlights the Conference details such as the date,



location, cost, events, etc. Don't forget to adjust your church registration deadline date so you can meet the District deadline.

You should also attach the following from this packet to your Conference flyer:

- Individual Camper Registration form (both pages)
- Crazy Slipper Contest flyer

In this packet, you'll also find an individual registration form without a price listed. This allows you to adjust the cost of the Conference to accommodate any additional fees your church may need to charge. For example, some churches raise the cost slightly to include the cost of purchasing prizes and goodies, or to cover the cost of adult chaperones.

## Completed Individual Registration Forms:

When you receive them back, review each form to make sure they are completely filled out. For example,

- What is their shirt size? Only adult sizes are available.
- Do they want a camp picture?
- Are both the Girl's and Parent's signatures included?

Please send the individual registration form on one page (back-to-back) so the DRC can easily store them.

## Early Registration Deadline

To be eligible for the \$145 registration fee, your forms and deposit must be postmarked by...

**May 15, 2010.**

Add \$20 per person for all registrations mailed after this date.

## Balance Deadline

Road Trip balance is due by

**June 15, 2010**

You must mail your balance before this deadline.

## Qualifications of a Conference Chaperone:

- A Christian, aged 18 or older – this can be a mom, grandma or family friend
- Physically able to keep up with campers
- Have an understanding of the campers' age group
- Able to enforce the camp rules
- Be fingerprinted and included on the affidavit required by the DRC

## Conference Fun

We will be having a Crazy Slipper Contest. Please see the flyer in this packet for more details.

## Additional Details:

We will be staying at the Courtyard by Marriott Richmond/Berkeley. The Conference will be at Hilltop Community Church in Richmond, California.