



Tacoma Christian Center ~ 2018
Men's Conference
 Saturday September 29th

\$50.00 Registration Fee DUE at the time of Registration.
 \$75.00 after Sept. 16th.

PLEASE PRINT

Today's Date: _____

Name: _____ Age: _____

Address: _____ City: _____

Zip code: _____ Phone: _____

Email: _____

Emergency Contact Name: _____

Phone: _____ Doctor: _____

Preferred Hospital: _____

Any medical conditions we should be aware of: _____

I hereby release Tacoma Christian Center from all liabilities should anything arise while I am attending this Conference. I agree that if medical charges should occur, I am fully responsible for all debt. I also authorize the Tacoma Christian Center Men's Board to make any medical decisions necessary should they be unable to reach my emergency contact and I am not able to make the decision on my own accord.

Initials: _____

Cancellation & Refund Policy

If you need to cancel for ANY REASON, written notice must be received by September 16th . Cancellations after this date WILL REQUIRE FULL PAYMENT REGARDLESS IF YOU ATTEND OR NOT.

Initials: _____

Date	Amt Paid		Received by	Cash/Check #