

## REGISTRATION FORM

Registration valid **ONLY** when all personal contact and insurance information is provided and form is properly signed.

PERSONAL INFORMATION	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NAME _____	
ADDRESS _____	
CITY → STATE → ZIP _____	
E-MAIL ADDRESS (PLEASE PRINT CLEARLY!) _____	
AREA CODE + PHONE _____	BIRTHDATE MM/DD/YY _____
SCHOOL _____	HIGH SCHOOL GRAD YEAR _____
NAME OF YOUTH LEADER _____	
CHURCH OR GROUP _____	
<b>CHECK ALL THAT APPLY</b>	
<input type="checkbox"/> YOUTH LEADER <input type="checkbox"/> CCC STAFF KID <input type="checkbox"/> ACTIVE COACHING CENTER AFFILIATE	
<input type="checkbox"/> CONTACT ME WITH AIRPORT SHUTTLE INFO	

PAYMENT INFORMATION
Your postmark determines your date and price. All registration prices include a non-refundable \$49 deposit. Deposit is transferable to a new student at a rate determined by postmark of new registration. Prices are based on four to a room.
<input type="checkbox"/> <b>EARLY BIRD REGISTRATION →\$165</b>
→ Send \$49 deposit and postmark by 12/12/04. Balance due at conference check-in.
<input type="checkbox"/> <b>REGULAR REGISTRATION →\$199</b>
→ Send \$49 deposit and postmark by 01/07/05. (based on space available) Balance due at conference check-in.

IMPORTANT!
<b>EACH PARENT/GUARDIAN OR CONFEEE (IF OVER 18) MUST SIGN THIS RELEASE.</b>
<b>PHOTO RELEASE</b> I hereby consent to the conferee being photographed or filmed for possible use in a brochure, publication or video, without compensation.
<b>MEDICAL RELEASE</b> I hereby consent to any medical treatment deemed necessary during the conferee's stay. I assume risk and responsibility for injury resulting from conferee's participation, including any recreational activities or travel to and from the conference.
<b>MEDICAL INSURANCE IS REQUIRED FOR EACH CONFEEE.</b> Conference insurance will be provided for those without insurance at an additional rate of \$10 per conferee.
<input type="checkbox"/> I NEED CONFERENCE INSURANCE
<input type="checkbox"/> I HAVE MEDICAL INSURANCE
_____
name of health care provider                      policy number
_____
PARENT/LEGAL GUARDIAN/CONFEEE (IF OVER 18) →Print Name
_____
PARENT/LEGAL GUARDIAN/CONFEEE (IF OVER 18) →Signature

<b>Mail this completed form with a copy of your insurance card and your payment to:</b>
Student Venture Jacksonville Florida FastBreak 3033 Hartley Rd. #5 Jacksonville, FL 32257

## FLORIDA FAST-BREAK

download registration at [www.svconferences.com](http://www.svconferences.com)

**January 14–17, 2005**  
**Hilton Cocoa Beach**  
**Oceanfront**

**Check-in:**  
January 14, 2–5 p.m.

**Conference Ends:**  
January 17, 11 a.m.

**Early Bird Cost:** \$165  
(registration postmarked by 12/12/04)

**Regular Cost:** \$199

**Cost includes:** 3 nights lodging, 2 lunches and 2 dinners, plus all conference materials and \$49 pre-registration fee

**Speaker:** Darryl Smith

**Music:** 10th Avenue North

**Directions:** Go South on I-95 to Cocoa Beach exit #201. Turn left (East) on Rte., 520. Continue to A1A and go south 1.4 miles. The Holiday Inn Cocoa Beach Resort

Oceanfront is at 1550 North Atlantic Avenue on your left (321-799-0003).

**What to bring:** Bible, pen, notebook, warm clothing, modest one-piece swimwear

**Transportation:** Contact your youth worker for best option.

**To Register:** Download registration form at [svconferences.com](http://svconferences.com) and mail with \$49 to:

Student Venture Jacksonville  
Florida FastBreak  
3033 Hartley Road #5  
Jacksonville, FL 32257

**Questions?** Contact Jana Vensel at 904-268-0117; [janavensel@studentventure.com](mailto:janavensel@studentventure.com)