

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 _____	
CHECK ALL THAT APPLY	
<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 \$39 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"/> EARLY BIRD REGISTRATION →\$184
→ Send \$39 deposit and postmark by 12/17/04. Balance due at conference check-in.
<input type="checkbox"/> REGULAR REGISTRATION →\$204
→ Send \$39 deposit and postmark by 01/07/05. (based on space available) Balance due at conference check-in.

IMPORTANT!
EACH PARENT/GUARDIAN OR CONFEEE (IF OVER 18) MUST SIGN THIS RELEASE.
PHOTO RELEASE I hereby consent to the conferee being photographed or filmed for possible use in a brochure, publication or video, without compensation.
MEDICAL RELEASE 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.
MEDICAL INSURANCE IS REQUIRED FOR EACH CONFEEE. 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

Mail this completed form with a copy of your insurance card and your payment to:
Student Venture Indianapolis MidWest FastBreak 1500 W. 86 th St. Indianapolis, IN 46260

MIDWEST FAST-BREAK

download registration at www.svconferences.com

January 14–17, 2005
Radisson Plaza Hotel
Kalamazoo, Michigan

Check-in: January 14, 7–10 p.m.

Conference Ends:
January 17, noon

Early Bird Cost: \$184
(registration postmarked by 12/17/04)

Regular Cost: \$204

Cost includes: \$39 deposit, three nights lodging, two lunches at conference, three dinners, all conference materials

Speaker: Bill Reif

Music: Proof of Purchase

Directions: The Radisson Plaza Hotel is located at 100 West Michigan Avenue, on NE corner of Rose & Michigan Avenue in Kalamazoo, MI (269-343-3333)

What to bring: Bible, pen, notebook, money for optional recreation (downhill/cross

country skiing, tubing/ tobogganing) warm clothes, winter sports gear, modest one-piece swimwear. Bring breakfast snacks or money to buy breakfast and money for meal(s) on bus.

Roommates: Give your preferences to your staff/church leader who will submit a rooming list for your group.

To Register: Download registration form at svconferences.com and mail with \$39 to:

Midwest FastBreak
Student Venture Indianapolis
1500 W. 86th St.
Indianapolis, IN 46260

Questions? Call Mike Riley at 231-271-4225
(mike.riley@studentventure.com)