

# TWIN CITIES FASTBREAK

www.svconferences.com

## REGISTRATION FORM

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

|                                                                                                                                        |                             |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>PERSONAL INFORMATION</b>                                                                                                            |                             |
| <input type="checkbox"/> MALE<br><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                                                                          |                             |

|                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PAYMENT INFORMATION</b>                                                                                                                                                                                                                      |
| 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"/> <b>EARLY BIRD REGISTRATION →\$209</b>                                                                                                                                                                                  |
| → Send \$39 deposit and postmark by 12/08/04.<br>Balance due at conference check-in.                                                                                                                                                            |
| <input type="checkbox"/> <b>REGULAR REGISTRATION →\$239</b>                                                                                                                                                                                     |
| → Send \$39 deposit and postmark by 12/17/04.<br>(based on space available)<br>Balance due at conference check-in.                                                                                                                              |

|                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>IMPORTANT!</b>                                                                                                                                                                                                                                                                 |
| <b>EACH PARENT/GUARDIAN OR CONFEEE (IF OVER 18) MUST SIGN THIS RELEASE.</b>                                                                                                                                                                                                       |
| <b>PHOTO RELEASE</b><br>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><br>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. Conference insurance will be provided for those without insurance at an additional rate of \$10 per conferee.</b>                                                                                                              |
| <input type="checkbox"/> I NEED CONFERENCE INSURANCE<br><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> |
| Twin Cities FastBreak<br>13750 Crosstown Drive, L100<br>Andover, MN 55304               |

# ACCELERATE

YOUR FAITH

## TWIN CITIES FASTBREAK

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

**December 27–31, 2004**  
**Plymouth Radisson Hotel & Conference Center, Plymouth, Minnesota**

**Check-in:**  
December 27, 3–5 p.m.

**Conference Ends:**  
December 31, noon

**Early Bird Cost:** \$209  
(registration postmarked by 12/08/04)

**Regular Cost:** \$239

**Cost includes:** Four nights lodging, all meals through 9 a.m. brunch 12/31, all conference materials, and use of in-house athletic club and \$39 pre-registration fee

**Speaker:** Brent Crowe

**Music:** Mark Alan

**Directions:** The Radisson is located on the northeast corner of the intersection of I-494 and Hwy. 55. Hotel Phone (763) 559-6600.

**What to bring:** Bible, Pen, notebook, warm clothing for optional winter sports, modest one-piece swimwear, athletic clothing, spending money for coffee house and book store. No computers please.

**Transportation:** Conferee is responsible for transportation to and from the conference.

**To Register:** Download registration form at [svconferences.com](http://svconferences.com) and mail with \$39 to:

Twin Cities FastBreak  
13750 Crosstown Drive, L100  
Andover, MN 55304

### Questions?

Call (763) 323-8558 or e-mail [fastbreak@svtwincities.org](mailto:fastbreak@svtwincities.org); [www.svtwincities.org](http://www.svtwincities.org)

