

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 \$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"/> EARLY BIRD REGISTRATION →\$185
→ Send \$49 deposit and postmark by 12/18/04. Balance due at conference check-in.
<input type="checkbox"/> REGULAR REGISTRATION →\$199
→ Send \$49 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 Dallas Texas FastBreak 520 Central Parkway East, #314 Plano, TX 75074

TEXAS FASTBREAK

download registration at www.svconferences.com

January 14–17, 2005
DoubleTree North Hotel,
Austin

Check-in: January 14, 7 p.m.

Conference Ends:
January 17, 11 a.m.

Early Bird Cost: \$185
(registration postmarked by
12/18/04)

Regular Cost: \$199

Cost includes: Three
nights lodging, all lunches
and dinners, all conference
materials and \$49 pre-
registration fee

Speaker: Ben Stewart

Music: A.J. and Angel

Directions: From Dallas take
I-35 South, exit 238A, do a
u-turn and stay on the frontage
road, hotel is on your right.

From Houston take 290 to
Austin, at I-35 turn north on the
frontage road, hotel is on your
right. Hotel number is
512-454-3737.

What to bring: Bible, swimsuit,
recreational wear

Transportation: Chartered
buses from Dallas and Houston
(Cost \$75–\$150)

To Register: Download
registration form at
svconferences.com and mail
with \$49 to:

Student Venture Dallas
Texas FastBreak
520 Central Pkway E. #314
Plano, TX 75074

Questions? Call 972-312-9925.