

A SMOKY MOUNTAIN GATHERING

REACHING A JUBILEE GENERATION

DELEGATE REGISTRATION FORM - GROUPS

COST: \$70.00 PRIOR TO OCTOBER 31ST | \$75.00 AFTER TO OCTOBER 31ST

April 27-29, 2021

Gatlinburg Convention Center; Gatlinburg, Tennessee

1 – GROUPS *(Complete this form only if you are registering as a group of more than 2 people from one location)*

GROUP LEADER – FIRST & LAST NAME: _____

ADDRESS (CITY, STATE, ZIP): _____

PHONE: _____

CELL HOME

EMAIL ADDRESS: _____

CHURCH OF GOD STATE OFFICE REPRESENTING: _____

2 – REGISTRATION COST *(Fees do not include lodging)*

SpiritCare Banquet **FREE**
Ministry to the Military

(For Retired Ministers and Ministers Widows ONLY)
FREE *(Breakfast for Veterans and Military Personnel ONLY)*

TOTAL PEOPLE REGISTERING _____
TOTAL PEOPLE REGISTERING _____

The Gathering Retreat

\$75 p/person (prior to October 31st, 2020)
\$80 p/person (after October 31st, 2020)

of People _____ @ \$ _____ = \$ _____

Dollywood Tickets

\$70 p/person “Day at Dollywood”
(Includes wrist band, buffet and concert)

of People _____ @ \$ 67.00 = \$ _____

Dollywood
Season Pass Holder

\$25 p/person Season Pass holder “Day at
Dollywood” (Includes buffet and concert)

of People _____ @ \$ 25.00 = \$ _____

Totals

Total Registration Fee Enclosed

of People _____ Total Fees = \$ _____

Credit Card Payment

Number: _____

Exp. Date: _____

Code: _____

Total amount to be charged: _____

Type: _____

Signature of Cardholder:

(Signed) _____

(Printed) _____

3 – MAIL REGISTRATION FORM TO:

Church of God International Offices
c/o Sandy Whitmire
P.O. Box 2430, Cleveland TN. 37320-2430

4 – CANCELLATION POLICY

Cancellation request must be submitted in writing to Sandy Whitmire —
swhitmire@churchofgod.org • \$25.00 non refundable
per person prior to March 26, 2021 • No refunds after March 26, 2021

5 – FOR OFFICE USE ONLY

PAYMENT TYPE:

CC/Cash/Money Order/**Ck. No.** _____

Date Received: _____ Amount Paid: _____ Amount Due: _____

Notice: This form does not automatically enter you or your group into the Talent Competition.

An additional form must be submitted through your state office for the competition.

For questions about registration please contact: Sandy Whitmire at swhitmire@churchofgod.org or 423-478-7176

LIST EACH PERSON YOU ARE REGISTERING ON THE BACK OF THIS FORM. ALL GROUP CONFIRMATIONS WILL GO TO LEADER.

A SMOKY MOUNTAIN GATHERING

REACHING A JUBILEE GENERATION

SMG GROUP REGISTRATION PAGE 2

THIS PAGE MUST ACCOMPANY THE GROUP REGISTRATION FORM.

GROUP LEADER/CONTACT PERSON'S NAME: _____

BY CHECKING THE BOX BELOW FOR EACH PERSON, YOU SIGNIFY THEY ARE ATTENDING THE EVENTS LISTED.
IF LEFT BLANK, THIS SIGNIFIES THE PERSON(S) ARE NOT ATTENDING.

NAME OF INDIVIDUAL (PLEASE TYPE OR PRINT)	SPIRITCARE YES	DOLLYWOOD TICKET	DOLLYWOOD PASSHOLDER
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHEET TOTALS
(PLEASE TYPE OR PRINT)

SPIRITCARE
FREE _____

DOLLYWOOD
TICKET \$70 _____

PASSHOLDER
PASSHOLDER \$25 _____