



A SMOKY MOUNTAIN GATHERING

REACHING A JUBILEE GENERATION

DELEGATE REGISTRATION FORM - GROUPS

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

April 26-28, 2022

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:

CHURCH:

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

Ministry to the Military Spirit Care Banquet	FREE <i>(Breakfast for Veterans and Military Personnel ONLY)</i> FREE <i>(Banquet for Retired Ministers & Widows ONLY)</i>	TOTAL PEOPLE REGISTERING _____ TOTAL PEOPLE REGISTERING _____
The Gathering Retreat	\$70 p/person (prior to October 31st, 2021) \$75 p/person (after October 31st, 2021)	# of People _____ @ \$ _____ = \$ _____
Dollywood Tickets	\$70 p/person “Day at Dollywood” (Includes wrist band, buffet and concert)	# of People _____ @ \$ 70.00 = \$ _____
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 25, 2022 • No refunds after March 25, 2022

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

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.



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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 BANQUET	MILITARY BREAKFAST	DOLLYWOOD TICKET	DOLLYWOOD PASSHOLDER
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHEET TOTALS
(PLEASE TYPE OR PRINT)

**SPIRITCARE
BANQUET**
FREE _____

**MILITARY
BREAKFAST**
FREE _____

**DOLLYWOOD
TICKET \$70** _____

PASSHOLDER
PASSHOLDER \$25 _____