

## **DELEGATE REGISTRATION FORM - GROUPS**

## COST: \$70.00 PRIOR TO SEPTEMBER 1ST | \$85.00 AFTER SEPTEMBER 2ND

April 25-27, 2023

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)						
Ministry to the Military	FREE (Breakfast for Veterans and Military Personnel ONLY)		TOTAL PEOPLE REGISTERING			
The Gathering Retreat	\$75 p/person (prior to September 1, 2022) \$85 p/person (after September 2, 2022)		# of People	@ \$ = \$		
Dollywood Tickets	<b>\$85 p/person</b> "Day at Dollywood" (Includes wrist band, buffet and concert)		# of People	@ \$85.00 = \$		
Dollywood Season Pass Holder	\$30 p/person Season Pass holder "Day at Dollywood" (Includes buffet and concert)		# of People	@ \$30.00 = \$		
Totals	Total Registration Fee Enclosed		# of People	Total Fees = \$		
Credit Card Payment	Number:	Exp. Date:	Code:	Total amount to be charged:		
Туре:						
Signature of Cardholder:						
(Signed)		(Printed)				
3 – MAIL REGISTRATION FORM TO: 4 – CANCELLATION POLICY						
Church of God International Offices c/o Sandy Whitmire P.O. Box 2430, Cleveland TN. 37320-2430		Cancellation request must be submitted in writing to Sandy Whitmire—swhitmire@churchofgod.org • \$25.00 non refundable per person prior to March 25, 2023 • No refunds after March 26, 2023				
5 – FOR OFFICE USE ONLY						
PAYMENT TYPE: CC/Cash/Money Order/Ck.	No	Date Received:	Amount Pa	uid: 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



## 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)	MILITARY BREAKFAST YES	<b>DOLLYWOOD</b> TICKET	<b>DOLLYWOOD</b> PASSHOLDER
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SHEET TOTALS (PLEASE TYPE OR PRINT) MILITARY BREAKFAST

DOLLYWOOD
TICKET \$85

PASSHOLDER PASSHOLDER \$30