

**THE BROWERS
TIM LOVELACE
JEFF + SHERI EASTER
SHANNON SMITH
TIM HILL
CRYSTAL RUSSELL**



DELEGATE REGISTRATION FORM - INDIVIDUAL OR MARRIED COUPLE

APRIL 23-25, 2024

GATLINBURG CONVENTION CENTER // REGISTRATION COST: \$85

1 – INDIVIDUAL or MARRIED COUPLE *(Complete this form only if you are registering as an individual or a married couple)*

FIRST & LAST NAME:

(SPOUSE) FIRST & LAST NAME:

ADDRESS (CITY, STATE, ZIP):

PHONE:

CELL HOME

EMAIL ADDRESS:

NAME OF CHURCH ATTENDING:

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

Ministry to the Military

FREE *(Breakfast for Veterans spouses and Military Personnel spouses ONLY)*

TOTAL PEOPLE REGISTERING _____

Spiritcare Banquet

FREE *(Banquet for retired ministers spouses and widows)*

TOTAL PEOPLE REGISTERING _____

The Gathering Retreat

\$85 per person

of People _____ @ \$ _____ = \$ _____

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 per person non refundable
canceling fee prior to March 25, 2024 • No refunds after March 26, 2024

5 – FOR OFFICE USE ONLY

PAYMENT TYPE:

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

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

Notice: This form does NOT 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

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DELEGATE REGISTRATION FORM - GROUPS

APRIL 23-25, 2024

GATLINBURG CONVENTION CENTER // REGISTRATION COST: \$85

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 spouses and Military Personnel spouses ONLY)*

TOTAL PEOPLE REGISTERING _____

Spiritcare Banquet

FREE *(Banquet for retired ministers spouses and widows)*

TOTAL PEOPLE REGISTERING _____

The Gathering Retreat

\$85 per person

of People _____ @ \$_____ = \$_____

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

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5 – FOR OFFICE USE ONLY

PAYMENT TYPE:

CC/Cash/Money Order/**Ck. No.** _____ Date Received: _____ Amount Paid: _____ Amount Due: _____

Notice: This form does NOT 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.



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

SHEET TOTALS
(PLEASE TYPE OR PRINT)

MILITARYBREAKFAST
FREE _____

SPIRITCARE BANQUET
FREE _____