



DELEGATE REGISTRATION FORM - INDIVIDUAL OR MARRIED COUPLE

April 29 - May 1, 2025

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: <input type="checkbox"/> CELL <input type="checkbox"/> HOME | EMAIL ADDRESS: |
| NAME OF CHURCH ATTENDING: | |

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

| | | |
|--------------------------|--|---|
| Ministry to the Military | FREE <i>(Breakfast for veterans spouses and military personnel spouses ONLY)</i> | TOTAL PEOPLE REGISTERING _____ |
| Spiritcare Banquet | FREE <i>(Banquet for retired ministers spouses and widows)</i> | 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: **4 – CANCELLATION POLICY**

| | |
|---|---|
| Church of God International Offices c/o KaLea Blair P.O. Box 2430, Cleveland TN. 37320-2430 | Cancellation request must be submitted in writing to KaLea Blair kblair@churchofgod.org • \$25.00 per person non-refundable canceling fee prior to March 25, 2025 • No refunds after March 26, 2025 |
|---|---|

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: KaLea Blair at kblair@churchofgod.org or 423-478-7113



DELEGATE REGISTRATION FORM - GROUPS

April 29 - May 1, 2025

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 <i>(Breakfast for veterans spouses and military personnel spouses ONLY)</i> | TOTAL PEOPLE REGISTERING _____ |
| Spiritcare Banquet | FREE <i>(Banquet for retired ministers spouses and widows)</i> | 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 KaLea Blair
 P.O. Box 2430, Cleveland TN. 37320-2430

4 – CANCELLATION POLICY

Cancellation request must be submitted in writing to KaLea Blair – kblair@churchofgod.org • \$25.00 per person non-refundable canceling fee prior to March 25, 2025 • No refunds after March 26, 2025

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: KaLea Blair at kblair@churchofgod.org or 423-478-7113

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)

MILITARY BREAKFAST

SPIRITCARE BANQUET

FREE _____

FREE _____