

33rd ANNUAL TENNESSEE STATE YOUTH CONFERENCE

Congregation: _____

Group Remittance Form

We realize this package is quite lengthy. It is imperative that you take diligent care to ensure monies remitted match your indicated selections. It is each local congregation's responsibility to accurately complete all forms. The host congregation has the monumental responsibility of checking forms and figures for the **entire state**. We want to be good and honest stewards of what has been entrusted to us. With that in mind, please carefully check your figures **before** submitting. Remember, we can **only accept church checks, cashier's checks, or money orders**. **NO PERSONAL CHECKS WILL BE ACCEPTED AT ANY TIME, BEFORE OR AT THE CONFERENCE.**

*****ONLY CHECK CATEGORIES THAT APPLY TO YOUR CONGREGATION'S SELECTIONS*****

1. Registration fees: (fill in number for all that apply / modify a line if needed) **READ CAREFULLY!!!**

- _____ \$110 (Registration Packet, **4** in Room, **2** Nights, 4 Meals)
- _____ \$165 (Registration Packet, **3** in Room, **2** Nights, 4 Meals)
- _____ \$100 (Registration Packet, **4** in Room, **1** Nights, 3 Meals)
- _____ \$115 (Registration Packet, **3** in Room, **1** Nights, 3 Meals)
- _____ \$75 (Registration Packet, **No Lodging**, 4 Meals)

_____ (Total # of registered adults) _____ (Total # of registered children)

2. Set(s) of Meal Tickets (**reminder:** ages 6 and up must register for the conference, ages 2-5 may purchase meal tickets)

_____ \$40 _____ (Total # of set(s) needed)

T-shirts – fill in #s needed

3. Church Advertisements (Program Booklet)

- _____ \$75 Full Page
- _____ \$50 Half Page
- _____ \$30 Quarter Page
- _____ \$15 Business Card
- _____ \$10 Patron Page Listing (per name)

<u>CHILD SIZES</u>	<u>ADULT SIZES</u>	
_____ Small (4-6)	_____ Small	_____ 2X
_____ Medium (8-10)	_____ Medium	_____ 3X
_____ Large (12-14)	_____ Large	_____ 4X
_____ X-Large (16-18)	_____ 1X or XL	_____ 5X

4. Subtotal of Funds Remitted \$ _____ Total # of Registrants _____

5. **Late Fees** \$ _____ (**\$25 per registrant** if postmarked after **March 1, 2010**)

6. **Grand Total of Funds Remitted** \$ _____

7. Method of Payment:

<input type="checkbox"/> Church Check	<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order
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Please keep a copy of this remittance form and the submitted payment for your records. Bring these copies with you to the conference. The person picking up the packets for your congregation should have this information with them!

If we have questions, who may we contact?

_____ **Contact Person's Name**

_____ **Phone Number(s)**

_____ **Best Time to Call**