

GLORY TO GLORY OUTREACH MINISTRIES, INCORPORATED  
CONFERENCE REGISTRATION FORM

Please Print.

Name \_\_\_\_\_ (Last name, First name)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Church name \_\_\_\_\_

Pastor \_\_\_\_\_

**Registration Costs – (Per Person)** Check all that apply.

\_\_\_ \$ 50.00 – now until May 1, 2011                      \_\_\_ \$60.00 – May 1, 2011 until July 19, 2011

\_\_\_ \$40.00 – **Banquet tickets**                                              \_\_\_ \$25.00 – Per team for **Ministry Activities**

**T-Shirts** – Children – Adult XL - \$7.00                      2XL – 4XL - \$11.00

Children & Youth: \_\_\_ 2/4    \_\_\_ 6/8    \_\_\_ 10/12    \_\_\_ 14/16    Adult: \_\_\_ S    \_\_\_ M    \_\_\_ L    \_\_\_ XL  
                                 \_\_\_ 2XL    \_\_\_ 3XL    \_\_\_ 4XL

**Hotel Room** (4 persons per day) –\$ \_\_\_\_\_ (hotel fees are to be paid directly to the hotel)

**Ministry Activities:** Each participating church must register for these activities.

\_\_\_ *Liturgical Dance Presentations* (Mime, Stomps, etc.) Contact Person & Number for group  
\_\_\_\_\_

\_\_\_ *Basketball Tournament*  
      \_\_\_ 12-15 yrs. Old team                      \_\_\_ 16-19 yrs. Old team  
      \_\_\_ No. of players                              \_\_\_ No. of players

Contact Person & Number for team \_\_\_\_\_

\_\_\_ *Volleyball Tournament*  
      \_\_\_ No. of Players  
Contact Person & Number for team \_\_\_\_\_

\_\_\_ *Flag Football Tournament*  
      \_\_\_ No. of Players

**My signature gives me/my child permission to be a part of the Glory to Glory Youth Conference Basketball/Baseball/Cheerleading/Dance Presentations. I understand and agree that Glory to Glory Outreach Ministries is not responsible for any accidents which may occur to me/my child while participating in any activity. I also agree to hold Glory to Glory Outreach Ministries free and harmless from liability for any accidents or injuries which may occur should there be an accident.**

\_\_\_\_\_  
**Signature of Participant                                      Signature of Parent/Guardian                                      Date**