



COMMUNITY FOR CHRIST
FOUNDATION FOR FAMILY AND LIFE
Renewing the Family and Defending Life



One Family. One Mission. ONE IN CHRIST.

CFCFFL CONFERENCE REGISTRATION FORM

May 12-13, 2017 at Global Kingdom Ministries Sanctuary, 1250 Markham Rd, Scarborough, ON M1H 2Y9

Last Name: _____ First Name: _____ Nickname: _____ Spouse: _____ Nickname: _____

Chapter/Area: _____ Contact No: _____ e-Mail Address: _____

Ministry: CFL SvFL HFL T-Shirt Size: 3XL 2XL XL L M S

Special Needs/ Diet Restriction: _____

Emergency Contact Name: _____ Telephone: _____ Health Insurance No: _____

CONFERENCE FEE - \$80 per person (includes all meals, drinks, t-shirt, souvenir program, conference materials and ID sticker)
 - \$75 per person for registrants who will pay in full on or before January 31, 2017.
 - Starting February 1, 2017, all registrants will pay the regular Conference fee.
 - Postdated cheques on regular fees must be dated before and no later than May 12, 2017.

Please make cheque(s) payable to CFCFFL and forward them together with your registration form to your Chapter Servant, who will in turn forward all forms and payments to the Conference Registration Coordinators. Thank You.

OUT-OF-TOWN DELEGATES : Please check one of the boxes below for accommodation requirements.

N/A Hotel/Motel Need Hosting Others

Travel Information: By Car By bus By Air Flight No: _____ ETA: Date _____ Time: _____

Note: For delegates coming from outside Toronto, please give your complete and detailed travel information once available to your respective Area Servants so that appropriate arrangements can be made with the Conference Registration Coordinators.

Waiver: Children's fee is \$20.00 per child, ages 8 to 12 yrs old. \$15.00 for children 7 yrs old & under. One child is free for couples w/ more than 2 kids. The conference organizers will provide utmost care for the children in the designated premises. Upon registration, the parent(s) release the organizers from any liabilities for their children.

No. of Persons:		Conference fee: \$
No. of Children: (attending)		Children's Meal: \$
		Total Amt Due: \$

Child Name (Attending)	Age	Allergies/Special Needs	Health Insurance No.	Amount Paid: \$
				Amount Balance: \$
				Received by:
				Date Received:

PAYMENT INFORMATION: To be filled up by the Conference Registration Committee

Mode: Cash Amount: \$ _____
 CHQ Name on Chq (if different from Participant): _____

Bank	No	Date (yyyy-mm-dd)	Amount
			\$
			\$
			\$

Remarks: _____ Received By Conf. Finance Coordinator: _____