



**Kentucky Baptist Conference of the Deaf**

**June 8-10, 2018**

Campbellsville University

One University Drive

Campbellsville, KY 42718

Emergency Form & Lodge/M meal Form

**WWW.KBCDEAF.ORG**

*EACH ADULT AND CHILD MUST FILL OUT THIS FORM*

**Deadline: May 25, 2018**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail or Pager address \_\_\_\_\_

Phone \_\_\_\_\_  Video Phone  Voice  TDD/TTY

Deaf  Hearing  Deaf/Bind  Deaf/Visually Impaired

The Language during KBCD Conference will be ASL. If you need other interpreter, please mark below

Voiced English  Deaf/Blind Interpreter  Oral Interpreter  Other, what? \_\_\_\_\_

Name of Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medicare/Medicaid Information \_\_\_\_\_

**Person we can contact in case of emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Any allergies? \_\_\_\_\_

Any Special Medical Conditions? \_\_\_\_\_

I plan to attend the Kentucky Baptist Conference of the Deaf on June 8-10, 2018 to be held at Campbellsville University, Campbellsville, KY. I fully understand that injury or illness could result from or during my participation in the conference. In case of accident or illness, I give my permission to receive medical treatment as deemed appropriate. I or my family will assume responsibility for any medical bills, damage or death. Campbellsville University/KBC/KBCD will not be held responsible for any accident, injuries or loss of property. **BY SIGNING THE DOCUMENT. YOU ARE WAIVING CERTAIN LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE YOU SIGN.**

Signature \_\_\_\_\_

Signature of K.B.C.D (legal guardian if under age 18)

Date \_\_\_\_\_



**KBCD June 8-10, 2018 Registration Form  
Deadline: May 25, 2018**

**Adult Lodging & Meals: (13 yrs. - up Includes Registration)**

- 2 nights include no linens and 6 meals \$135.00
- 1 night include no linens and 4 meals \$90.00
- Day Pass (meals only, no lodging) \$60.00

**Total \$ \_\_\_\_\_**

**Child Lodging & Meals: (6 yrs. - 12 yrs.)**

- 2 nights include no linens and 6 meals \$50.00
- 1 night include no linens and 4 meals \$30.00
- Day Pass (meals only, no lodging) \$15.00

**Total \$ \_\_\_\_\_**

**Child Meals: (0 yrs. - 5 yrs.) FREE**

**Please bring your own twin size bed sheets, blanket, pillow, and towel sets.**

Name of your Roommates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Late Fee after May 25th \$ \_\_\_\_\_  
 (\$10 if after due date)**

**Total Cost \$ \_\_\_\_\_  
 (From Registration, Adult, Kid & Late Fee)**

\* Must have at least 1 roommate. If no roommate, you will be assigned a roommate at registration.

**After due 25th, HOLD payment until you arrive at KBCD**

**Make the check or money order payable to Kentucky Baptist Conference of the Deaf or KBCD Must mail Before May 25th. Don't mail after May 26th. Mail your money and this form to:**

Judy Swim, Treasurer  
 7667 Catawba Lane Apt. 3  
 Florence, KY 41042

Any Questions??? Contact Judy Swim  
 VP: (859)757-2648 or text (859)486.1812  
 E-mail: puzzlenut2147@aol.com

Church Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Church E-mail Address: \_\_\_\_\_

Deaf Ministry E-mail \_\_\_\_\_ Leader Name \_\_\_\_\_

I will be attending K.B.C.D as a:  Messenger  Visitor

To serve as a messenger, you must be a member of a Kentucky Baptist Convention Church. Then you must be elected by your church and have this form signed by your church's pastor.

**Signature of Pastor \_\_\_\_\_ Date \_\_\_\_\_**

**Check and completed registration form MUST be received BY May 25, 2018**

**Late Fee after May 26, 2018 will charge \$10.00**

**Refund Policy: Before May 8 Full Refunds,**

**May 9 to May 21 Half Refund, May 22 to June 8 No Refund**

**Place: Campbellsville University, One University Drive, Campbellsville, KY 42718 Website: www.campbellsville.edu**