



**Kentucky Baptist Conference of the Deaf**

**June 7-9, 2019**

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 26, 2019**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Phone \_\_\_\_\_  Video Phone  Voice  Text

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 7-9, 2019 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 \_\_\_\_\_

Date \_\_\_\_\_

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



KBCD June 7-9, 2019 Registration Form
Deadline: May 26, 2019

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

Empty rectangular box for adult lodging total

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

Empty rectangular box for child lodging total

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 26th \$ \_\_\_\_\_ (\$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 26th, 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 26th. Don't mail after May 26th. Mail your money and this form to:

Bernie Rogers, Treasurer
c/o L.B.D.C.
P.O. Box 5605
Louisville, KY 40255-5605

Any Questions??? Contact Bernie Rogers
VP: (812)406-4115 or text (502)298-0131
E-mail: Bernie4UK19@gmail.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 26, 2019

Late Fee after May 26, 2019 will charge \$10.00

Refund Policy: Before May 9 Full Refunds,

May 10 to May 22 Half Refund, May 23 to June 7 No Refund

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