



Kentucky Baptist Conference of the Deaf

June 9-11, 2023

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 30, 2023

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 9-11, 2023 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 9-11, 2023 Registration Form
Deadline: May 30, 2023

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

- 2 nights include no linens and 6 meals \$150.00
- 1 night include no linens and 4 meals \$105.00
- Day Pass (meals only, no lodging) \$75.00

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

- 2 nights include no linens and 6 meals \$65.00
- 1 night include no linens and 4 meals \$45.00
- Day Pass (meals only, no lodging) \$30.00

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

Total \$ _____

Total \$ _____

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

Name of you
Roommates:

Late Fee after May 30th \$ _____
(\$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 on 30th, 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 30th. Don't mail after May 30th. 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/Deaf Church Leader _____ Date _____

Check and completed registration form MUST be received BY May 30, 2023

Late Fee after May 30, 2023 will charge \$10.00

Refund Policy: Before May 16 Full Refunds,

May 17 to May 29 Half Refund, May 30 to June 9 No Refund

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