

# 2011-2012 Wisconsin Dells Event Registration



Please place a check next to the event for which you would like to register.

Questions? Please feel free to contact us at 1-800-659-6884.  
Contact the registrar directly at extension 8481 or registrar@youthencounter.org.

Location	Event Date	Early Bird	Standard	Late
<input type="radio"/> Wisconsin Dells Quake Zone Chula Vista Resort	Nov. 18-20, 2011	\$142 09/21/11	\$157 10/19/11	\$172
<input type="radio"/> Wisconsin Dells Quake Chula Vista Resort	Jan 6-8, 2012	\$142 10/19/11	\$157 11/16/11	\$172
<input type="radio"/> Wisconsin Dells Quake Zone Chula Vista Resort	March 9-11, 2012	\$142 01/11/12	\$157 02/01/12	\$172
<input type="radio"/> Wisconsin Dells Quake Wilderness Territory	April 27-29, 2012	\$142 02/08/12	\$157 02/29/12	\$172

### Instructions

**For Early Bird Registration:** Please complete parts 1 through 11 and mail with deposit or full payment before the Early Bird Deadline. Please complete parts 12 & 13 and mail to Youth Encounter by the standard deadline.

**For Standard Registration:** Please complete parts 1 - 13 and mail with deposit or full payment before the standard deadline.

**For Additional Registrations:** Please download the Additional Registration Form at [www.youthencounter.org/registration](http://www.youthencounter.org/registration) to register any additional participants before the standard deadline. Only the main contact may make changes.

**For Late Registration:** Please call to ensure space is still available. Full payment is needed with a credit card at time of registration to hold your spot. Only the main contact may make changes to a registration.

### Cancellation Policy

When you register, both your group and Youth Encounter make commitments to each other. In turn, Youth Encounter makes commitments to hotels and other companies. **Deposits are non-refundable at any time.**

Before your event's **standard deadline**, your group's size may be reduced from the numbers you originally reserved and only the unused deposits are forfeit.

**After the event's standard deadline, your group guarantees that it will pay the full event fee for all spaces that are reserved by that date, even if there are fewer people who actually attend.** It may be possible to increase the number of attendees by calling the Youth Encounter Registrar at 1.800.659.6884 ext. 8481.

# 2011-2012 Dells Event Registration



Please include the following information in case these forms become separated.

Event: **Wisconsin Dells**

Event Date:

## 1. Church Information

Name: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 2. Main Contact Information

Name: \_\_\_\_\_  Youth Director  Volunteer  Pastor  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 3. On-Site Leader Contact Information

Name: \_\_\_\_\_  Check here if same as main contact.  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 4. Total Participants and Deposits

Junior High Students: \_\_\_\_\_  
High School Students (including Jr. Guides): \_\_\_\_\_  
Adults: \_\_\_\_\_  
Jr. High + High School + Adults = \_\_\_\_\_ (Total Attendees)  
Total Attendees x \$50 = \_\_\_\_\_ (Total Deposits)

### Total Participants and Deposits

All participants — youth, Jr. Guides (high school leaders at Quakes), and adults — are expected to pay the event fee.

We recommend at least one (1) adult leader for every four (4) youth in attendance. You are responsible for the selection and behavior of those leaders.

A deposit of \$50 per person is necessary to hold a group's registration. The deposit for your group is **non-refundable**, either to congregations or to individuals. Deposits may be used for any member of your group. However, unused deposits may not be transferred to cover the remaining event fees of other registrants or other events. Deposits are forfeited if there is no replacement for a canceling participant. **Deposits are non-refundable.**

ID \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
PSTMK \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_  
REC'D \_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

OFFICE USE ONLY

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Please include the following information in case these forms become separated.

Event: Wisconsin Dells Event Date: \_\_\_\_\_

Church: \_\_\_\_\_ Zip: \_\_\_\_\_



## 5. Registration Fees

*Includes program and hotel fees, meals are on your own.*

*For registration after the standard deadline, please call Youth Encounter at 1.800.659.6884 ext. 8481.*

Early Bird (\$142)    Standard (\$157)    Late (\$172)

Individual Registration Fee:

Total Attendees x Individual Registration Fee =  (Registration Subtotal)

Discounts:

Registration Subtotal - Discounts:  (Total Registration Fees)

If you claimed a discount, please give the details here.

## 6. Hotel Rooms and Non-Capacity Fees

*If you have less than five people per room a \$60 fee applies for each unused space.*

Number of Rooms Requested:

(Rooms Requested) x 5 =  (Room Capacity)

Room Capacity - Total Attendees (  ) =  (Unused Spaces)

Unused Spaces x \$60 =  (Total Non-Capacity Fees)

## 7. Shirts

*Your shirts will be shipped to your church at no extra charge.*

**Navy   Cream**

Small:  +  =

Medium:  +  =

Large:  +  =

X-Large:  +  =

Total (S, M, L, XL) =  x \$12 =  (S, M, L, XL Cost)

XX-Large:  +  =  x \$14 =  (XXL Cost)

(S, M, L, XL Cost) + (XXL Cost)  (Total Shirt Fees)

## Registration Fees

Please check Early Bird, Standard, or Late, depending on when you are registering. Fill in the corresponding individual registration fee from page 1.

## Discounts

There is no limit to the number discounts you may use.

- Save \$100 if you are a new church with four (4) paid attendees
- Save \$100 if you referred a church with four (4) paid attendees
- Save \$100 for every 25 paid attendees
- Free registration for Youth Encounter team alumni with four (4) paid attendees

## Hotel Rooms and Non-Capacity Fees

Standard room capacity is two (2) double beds, sleeping five (5) people per room. The registration fee is based on having each room filled to capacity. If you are unable to fill your room(s) to capacity, please apply any additional housing fees here.

One (1) additional person may be put in each room, for a total of six (6). Bed space/rollaway beds, linens, and towels will not be provided for the extra person, so please come prepared.

Many hotels do not allow rollaway beds in rooms with two double beds due to fire codes. Please contact the hotel directly when you arrive regarding availability and cost, rather than contacting Youth Encounter.

## Event Shirts

Get your event theme shirts early and **save 20%!** Order your shirts before the standard deadline and pay only \$12 (\$14 for XXL). Shirts must be paid in full with the deposit to receive this special pricing. Shirts will be sold at the event for \$15 (\$17 for XXL).

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Please include the following information in case these forms become separated.

Event: **Wisconsin Dells** Event Date: \_\_\_\_\_

Church: \_\_\_\_\_ Zip: \_\_\_\_\_



## 8. Special Needs

### Special Needs

Hotel amenities change year to year and room to room. Any special need request is needed one month prior to the event. Please call if a need arises within one month of the event.

*\*We will try to accommodate any special needs, but we cannot guarantee all requests.*

## 9. Policies

Please initial next to each statement to indicate you have read and understand Youth Encounter payment policies.

I understand **all registration fees are non-refundable** after the standard postmark deadline (see complete cancelation policy to the right).

I understand **all registration fees are due seven (7) days prior to the event.**

## 10. Summary

Total Deposits (from part 4):  (A)

Total Registration Fees (from part 5):  (B)

Total Non-Capacity Room Fees (from part 6):  (C)

Total Shirt Fees (from part 7):  (D)

## 11. Total Enclosed

Please chose one of the options below.

Pay Minimum Due (A + D, from part 10):

Pay Total Due (B + C + D, from part 10):

Youth Encounter will email a confirmation within a week of receiving your registration that includes your remaining balance which will reflect any changes to the total payments due. Complete payment is due seven days before the event. **All registration fees are non-refundable after the standard registration date.**

### Mailing Instructions

You may print this form to mail or fax it, or you may email it. If you choose to email or fax it, **you must call Youth Encounter to pay via credit card within 48 hours. You will not be registered until payment is received.** Please print a copy for your records. If you choose to mail this form in, please include one check made out to Youth Encounter for the total.

Mail forms and check to:

Youth Encounter  
Attn: Registrar  
3490 Lexington Ave N #300  
St. Paul, MN 55126

Fax: 651.287.9689  
Toll Free: 1-800-659-6884

### Cancellation Policy

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### Important Notes

#### Medical Release Forms

Group leaders must have signed medical release forms for all participants under 18 years of age. You may download an example at [www.youthencounter.org](http://www.youthencounter.org). Please keep these forms with the leader throughout the event.

#### Photo Release Policy

Youth Encounter will have pictures or video taken at events that may be used for promotional material. If any participant does not want to be included in those photos, a written form must be mailed to Youth Encounter two weeks prior to the event with parent's signature.

**Print**

**Email**

**Reset**

# 2011-2012 Dells Event Registration



## Part 12 - Housing

Please send parts 12 & 13 to Youth Encounter by the standard deadline.

Address: Youth Encounter • 3490 Lexington Ave. N. • St. Paul, MN 55126 Fax: 651.287.9689

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_ Church: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name	Last Name	MS	JrG (Q)	HS (Z)	Adult
+ _____					

First Name	Last Name	MS	JrG (Q)	HS (Z)	Adult
+ _____					

First Name	Last Name	MS	JrG (Q)	HS (Z)	Adult
+ _____					

First Name	Last Name	MS	JrG (Q)	HS (Z)	Adult
+ _____					

First Name	Last Name	MS	JrG (Q)	HS (Z)	Adult
+ _____					

First Name	Last Name	MS	JrG (Q)	HS (Z)	Adult
+ _____					

First Name	Last Name	MS	JrG (Q)	HS (Z)	Adult
+ _____					

First Name	Last Name	MS	JrG (Q)	HS (Z)	Adult
+ _____					

For high school youth at Quake Zones, check HS. For high school youth at Quakes, check JrG. Check only one (1) box for each person.

MS = Middle School HS = High School JrG = Junior Guides Q = Quake Z = Zone

# 2011-2012 Event Registration



## Part 13 - Individual Information

Please send parts 12 & 13 to Youth Encounter by the standard deadline.

Address: Youth Encounter • 3490 Lexington Ave. N. • St. Paul, MN 55126 Fax: 651.287.9689

Youth Encounter respectfully requests that the group leader fill out this form. Youth Encounter uses the names and phone numbers of participants' parents to contact them for feedback on their child's experience at the event and to ask for support of Youth Encounter's ministries. Youth Encounter will never sell or release information to anyone outside of Youth Encounter.

Event City, State \_\_\_\_\_ Church Name: \_\_\_\_\_

Church City, State, and ZIP: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Group Leader Phone: \_\_\_\_\_

Youth  Adult

Participant's Name: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Youth  Adult

Participant's Name: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Youth  Adult

Participant's Name: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Youth  Adult

Participant's Name: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Youth  Adult

Participant's Name: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Youth  Adult

Participant's Name: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Youth  Adult

Participant's Name: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Youth  Adult

Participant's Name: \_\_\_\_\_

Parent/Guardian/Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_