

Northeast Winterfest & Kidfest 2010

FEBRUARY 12-14, 2010



SNE

Registration Guidelines & Group Registration Form

COST:

Dec. 4th 2009 DEPOSIT: (\$200.00 Per Room Deposit)
January 5, 2010 FINAL ROOMING LIST: (Last Day To Drop Add Rooms)
January 16, 2010 FINAL PAYMENT DUE:

4 IN A ROOM	\$ 110.00
3 IN A ROOM	\$ 130.00
2 IN A ROOM	\$ 150.00
1 IN A ROOM	\$ 230.00

Registration Fee Includes: 3 Days/ 2 Night's Lodging And Admission To All Sessions

Weekend Pass \$65.00
All Day Saturday \$30.00

CONFERENCES IS SUBJECT TO CLOSE BEFORE THE DEADLINE, WHEN FACILITY CAPACITY IS REACHED

Registration Guidelines:

- † STEP 1: Estimate your total Winterfest costs by multiplying the cost per person by the number of people attending Winterfest
- †† STEP 2: Estimate how many rooms you think you'll need to house your group
- ††† STEP 3: Complete the form below and include a deposit (church check required) of \$200.00 per room *Housing Deposit* along with *Housing Registration Form*
By: December 4 2009 Make check payable and mail to:
Convention Service Associates, P.O. Box 5243, Sevierville, TN 37864-5243



SNE

NORTHEAST WINTERFEST 2010 GROUP REGISTRATION FORM

I plan to attend the Winterfest location marked below. I understand that this \$200 per room deposit I am including will be deducted from my total Winterfest costs and is due no later than December 4, 2009.

Northeast Winterfest & Kidfest 2010 – Rochester, NY – February 12-14 (US Residents)

I will be bringing approximately _____ Teens /Kids. I will need approx. _____ rooms.

Group Leader: _____

Church Name: _____

Group Leader Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

DEADLINE: Must be received by December 4, 2009



NORTHEAST WINTERFEST/Kidfest 2010

ROCHESTER, NEW YORK

ROOMING LIST



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CHURCH NAME: _____

GROUP LEADER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please place an asterisk by the names of chaperones. First and last names required.

Room 1	
1	_____
2	_____
3	_____
4	_____

Room 4	
1	_____
2	_____
3	_____
4	_____

Room 2	
1	_____
2	_____
3	_____
4	_____

Room 5	
1	_____
2	_____
3	_____
4	_____

Room 3	
1	_____
2	_____
3	_____
4	_____

Room 6	
1	_____
2	_____
3	_____
4	_____



PLEASE NOTE: You MUST Complete the Section Below

This room list indicates that I am requesting:

- _____ room(s) w/4 people
- _____ room(s) w/3 people
- _____ room(s) w/2 people
- _____ room(s) w/1 person
- _____ room(s) for a bus driver (armband not included)
- _____ room(s) for Thursday arrival

For a total of _____ rooms, and _____ people*



*Include bus driver's room(s) in room count, but do not include the bus driver(s) in people count.

Mail To: Convention Service Associates, P.O. Box 5243, Sevierville, TN 37864
Fax Number: 865-428-0166 Phone Number: 865-428-5787