



TODAY'S DATE: _____

NAME: _____

STREET ADDRESS with CITY & ZIP: _____

PHONE: _____

EMAIL: _____

*If registrant is attending
Daughters By Design
(ages 14-19)
Check here: _____*

Conference Registration & Deadlines: (Conference registration is transferable but NOT REFUNDABLE)

\$50 (by August 6th): _____ \$60 (by Sept 6th): _____ \$70 (after Sept 6th if available): _____

Number of Attendees you are paying for: _____

Omni Resort at Championsgate Registration: Hotel charges are NOT REFUNDABLE after Sept 6th

\$115/room/night plus taxes; 2 doubles; 4 person occupancy. Cost listed below includes all taxes.

Thurs/Fri: (\$298.68) _____ Thurs only: (\$149.34) _____ Fri only: (\$149.34) _____ Add Sat night: (\$448.02) _____

Payment Info:

AMOUNT BEING PAID TODAY: \$ _____ Check _____ (Payable to Calvary) Check # _____ Cash _____ Credit Card _____

Credit Card Payment: VISA _____ Mastercard _____ Amex _____ Discover _____

Credit Card # _____ - _____ - _____ - _____ Exp. Date: ___/___ Card Code: _____

Amount: \$ _____ Signature: _____

Name on Card: _____ Contact Number: _____

Billing Address: _____ City/State/Zip: _____

Room Info: 2 doubles; 4 person occupancy

Your Name: _____

Roommate Name: _____ Already Registered

Roommate Name: _____ Already Registered

Roommate Name: _____ Already Registered

ALL MONIES MUST BE PAID IN FULL BY 9/6. CONFERENCE REGISTRATION COST ARE NOT REFUNDABLE. HOTEL COST ARE REFUNDABLE IF CANCELLED IN WRITING BY 9/6. ANY HOTEL RESERVATIONS NOT CANCELLED BY 9/6 WILL BE FORFEITED.

PLEASE SIGN THAT YOU UNDERSTAND: _____



RECEIPT FOR LAYAWAY FOR BREAKAWAY

TODAY'S DATE: _____

NAME: _____

Payment Info:

AMOUNT BEING PAID TODAY: \$ _____

Check _____ (Payable to Calvary) Check # _____ Cash _____ Credit Card _____

ALL MONIES MUST BE PAID IN FULL BY 9/6. CONFERENCE REGISTRATION COST ARE NOT REFUNDABLE. HOTEL COST ARE REFUNDABLE IF CANCELLED IN WRITING BY 9/6. ANY HOTEL RESERVATIONS NOT CANCELLED BY 9/6 WILL BE FORFEITED. FOR MORE INFO, CONTACT WOMEN'S MINISTRIES AT 407-644-1199.



RECEIPT FOR LAYAWAY FOR BREAKAWAY

TODAY'S DATE: _____

NAME: _____

Payment Info:

AMOUNT BEING PAID TODAY: \$ _____

Check _____ (Payable to Calvary) Check # _____ Cash _____ Credit Card _____

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