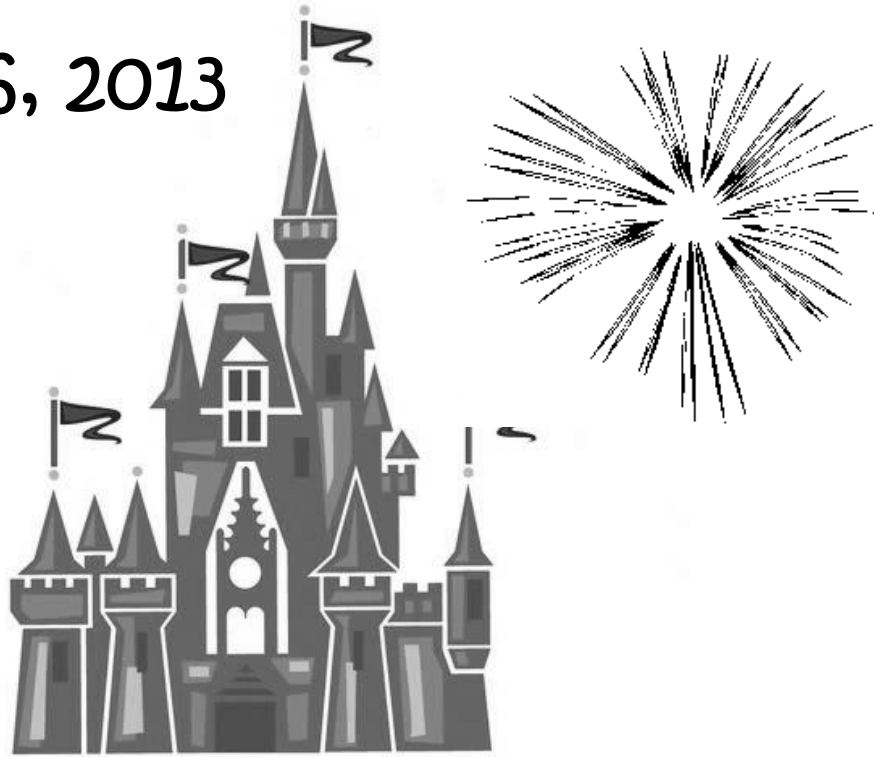


# Join us for NAFH/HOPE 2013 in Orlando, Florida! June 22-26, 2013



- ❖ Lodging at Wyndham Lake Buena Vista Hotel, located just 1 mile from Downtown Disney
- ❖ Dynamic social experiences
- ❖ Evenings at three Disney Parks
- ❖ Awesome speakers and small group time
- ❖ Interaction with NACCC Delegate Conference
- ❖ Inspiring worship experiences
- ❖ Registration Fee: \$575.00
- ❖ Scholarships are available for NAFH and HOPE participants. You can locate the scholarship information on the NACCC website

National Association of Congregational Christian Churches  
P. O. Box 288 8473 S. Howell Avenue  
Oak Creek, WI 53154 Phone (800) 262-1620  
[www.NACCC.org](http://www.NACCC.org)



# N.A.P.F. and H.O.P.E. Rules and Regulations

**ATTENDANCE:** You are not to leave the conference site. Extenuating circumstances may allow variations from the Directors only. Individuals with extenuating circumstances may contact Directors. You are expected to participate fully in all aspects of the N.A.P.F. or H.O.P.E. program and to respect the regulations and property of the host institution. **DRESS:** No bare feet in the dining room or around campus. Please wear appropriate casual attire for a Christian conference. Shirts or T-shirts are always to be worn. Modest bathing suits required (one piece or tankini style for females). **SMOKING:** Permitted only in designated areas in accordance with the host institution's policy and laws of the state. **ALCOHOL:** Possession or use of any alcoholic beverages is forbidden. **DRUGS:** Except for individual medical prescriptions, the possession or use of drugs is forbidden. **AUTOS:** Not to be used during the conference. **Infractions of the above will be subjected to review by a disciplinary committee and may result in dismissal from the conference at parents' or registrants' expense.**

**PUBLICITY RELEASE:** By signing this registration form the undersigned agrees to allow the possible use of photographs and/or verbal quotes of the attendee for published promotional materials including but not limited to direct mailings, advertising flyers and internet web site information.

**Conference fee** includes lodging, meals (Saturday dinner through Tuesday dinner), and all program costs. Registration deposits are non-refundable but are transferrable.

## IMPORTANT MEDICAL and DIETARY INFORMATION

Failure to supply any of the following information may result in our inability to assist the registrant according to their medical needs:

1. Is the registrant in good health and able to participate in all normal activities? Yes No

If **no**, please attach a statement indicating limitations.

2. Has the registrant ever received counseling or been treated for an emotional disorder? Yes No

If **yes**, please attach a statement of explanation (information is given to Directors only)

3. Date of last physical exam \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

4. Operations or serious injuries within the last 3 years: \_\_\_\_\_

5. Does the registrant experience/suffer from/react to: Allergies, fainting, flushing, itching, swelling, nausea, vomiting, shortness of breath, anaphylactic shock, asthma, diabetes, epilepsy, sulfa, hay fever, bee sting, tetanus, penicillin, etc?

Please describe: \_\_\_\_\_

6. Please list and explain all medication presently prescribed and its use:

8. Does the registrant request vegetarian meals? \_\_\_\_\_

7. Please list any other dietary restrictions: \_\_\_\_\_

8. May youth take over the counter pain reliever if needed for headaches or pain? YES NO

## IN CASE OF EMERGENCY CONTACT

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_ Dr.'s Name \_\_\_\_\_

Dr.'s Phone Number \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In case of medical emergency, I understand that every effort will be made to contact the "emergency contact" listed above. In the event that they cannot be reached, I hereby give my permission to the physician selected by the conference directors to hospitalize, secure proper treatment, and order injection, anesthetic, or surgery.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Registrant)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if under 18)

Return Registration Form with appropriate Fee by December 31, 2012

Make Checks Payable to **NACCC**

Mail to: N.A.P.F.-H.O.P.E., NACCC, P.O. Box 288, Oak Creek, WI 53154-0288

**Absence of any required signature will void this registration.**