



Americana Leadership Collegesm

GROWING EXECUTIVES OF TOMORROW, Registration Form

Name _____

Address _____

Phone _____ E-mail _____ Age _____

Circle your First Gift:

Prophecy

Vision

Intuition

Feeling

	Daily	Weekend	Weekly	Monthly
OA Meals & Lodging	1 night, 3 meals	1 night, 5 meals (BLD/BL)	7 nights, 21 meals	30 nights, 90 meals
Ages 2-7	\$15.00	\$25.00	\$85.00	\$315.00
Ages 8-11	\$21.00	\$31.00	\$120.00	\$445.00
Ages 12-28	\$25.00	\$35.00	\$140.00	\$525.00
GFGgnd Fees	\$5.00/day for off site			

Program fees are \$15 per day for Cycle 1 (2-7 yrs) and \$25 per day for all others

NUMBER OF DAYS ATTENDING

DATES	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Totals
Week 1- please ✓								
Dates ____ to ____								
Week 2- please ✓								
Dates ____ to ____								
Week 3- please ✓								
Dates ____ to ____								
Week 4- please ✓								
Dates ____ to ____								
Ground Fees								

TOTALS	
GET	\$
Ground Fees	\$
GRAND TOTAL	\$

METHOD OF PAYMENT

Cash: Check: Credit Card

Credit Card Info: _____

Expiry Date: _____ Code _____

Signature _____

M & L Tally	Ins. Tally	GET Reg. Sheet	LTS	
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July 10/08 - v1

OVER

MEDICAL RELEASE FORM

This Form must be signed by the legal guardian of any youth attending program or staying on the grounds of the Conference Center.

I HEREBY AUTHORIZE AND GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO _____ AS NEEDED IN CASE I CANNOT BE REACHED.

(Name of Child)

Signature of Parent or Guardian

Signature of Parent or Guardian

Date: _____

Please provide any necessary medical information.

M & L Tally	Ins. Tally	GET Registration	LTS	
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