

WCFS 2021 Family Leadership Conference - Registration Form

August 12-15 . Attendance Mandatory on Saturday, Aug 14th . Form Due by July 15

Contact Info:

NAME: _____
PHONE: _____
EMAIL: _____
ADDRESS: _____

Attendance Plan:

___ Full Conference ___ Saturday Only
___ Staying Overnight (*see below*)
___ Excused Absence Requested – give reason
___ Attending Via Livestream

Attending As:

WCFS Enrolled Member ___ Guest ___
Attending: ___ Adults (*age 12+*) ___ Children

Guest Attendance Cost:

___ Full Conference (\$45 before July 15th, \$60 after)
___ 1 Day (\$25 before July 15th, \$40 after)

Overnight Accommodation Requirements:

Rates below are for a family of 4 (2 adults and 2 children) or 3 adults.

Number of Occupants

___ Adults and children over 12
___ Children ages 2-12 (half adult rate)
___ Children under 2 (free)
___ **TOTAL Occupants**

Number of Nights Staying at Camp:

___ Wednesday night ___ Friday night
___ Thursday night ___ Saturday night
___ **TOTAL Nights**

Other Accommodations:

___ Request Picnic Table

Indicate your 1st and 2nd choice for accommodations:

Cabins: (*No pets in cabins*)

	1 Night	2 Nights	3 Nights	Extra People/Night
___ Full Bath, Full Kitchen	\$76	\$152	\$228	\$21.50
___ Full Bath, Fridge, Sink & Microwave	\$71	\$142	\$213	\$21.50
___ Half Bath, Full Kitchen	\$66	\$132	\$198	\$21.50
___ Multi-family, Dorm Style	\$60	\$120	\$180	\$21.50

Rooms:

___ CB Byers Hotel Rooms (<i>2 adult/2 child</i>)...	\$136	\$272	\$408	\$46
___ Private, half bath (<i>per person, 2 per room</i>)	\$25 /adult/night		\$15 /child/night	
___ Rooms, public full bath (<i>per person</i>)	\$16 /adult/night		\$9 /child/night	

Tent and Camper Sites: (*per family or 4 adults*)

___ Site with water and elect.	\$45	\$90	\$130
___ Sewer hookup	\$6 extra per night		

Cabin priority is based on family need and length of stay. Otherwise, accommodations are on a first come, first served basis.

How to Calculate Accommodations Fee Total:

WCFS will calculate the EXTRA PERSONS PER NIGHT charge based on TOTAL PERSONS and TOTAL NUMBER of NIGHTS. **You may** do it yourself if desired using the instructions opposite.

If Total Persons is over 4, then:

1. Subtract 4 from TOTAL PERSONS: _____
2. Multiply result in line 1 by TOAL NUMBER of NIGHTS: _____
3. Enter the extra people/night for your 1st choice accommodations: \$ _____
4. Multiply the result on line 2 by your entry on line 3: \$ _____
5. Add AC Usage Fee to line 4 if applicable: \$ _____

Meals:

All families must provide their own meals, except for the sub sale lunch and picnic dinner on Saturday. Please pre-order your subs, and register for the picnic below. Most cabins have some cooking capacity. All tent sites have no facilities other than a campfire pit. You may bring a butane stove or a grill and use the camp kitchen to store perishables.

Saturday Lunch Sub Order:

Number of Subs: _____
subs x \$8.00/sub = \$ _____

Saturday Evening Picnic Dinner:

Number Attending: ____ Adults (age 12+) ____ Children

Accommodations Deposit:

We **require a \$25 minimum non-refundable deposit** to register for overnight accommodations, due by July 15.

Late Registration Fee:

We **require a \$25 late fee** for any registrations submitted after July 15.

Fee Total:

Sponsor Gift \$ _____
Accommodations \$ _____
Meal Total \$ _____
Deposit \$ _____ (send with form)
Late Fee \$ _____ (if applicable)
BALANCE \$ _____

Conference Sponsors:

☐ **I would like to sponsor the WCFS Family Leadership Conference.**

While WCFS never charges enrolled members conference attendance fees (we charge only for food and lodging), we must still pay for the buildings and equipment used during the conference. If you would like to donate towards these costs, please include a Sponsor Gift in the Fee Total box above.

Volunteer Help (Members Only):

☐ **NURSE/FIRST AID:** I have received training in first-aid care and am willing to volunteer on an on-call basis.
Type of training: DR ____ RN ____ LP ____ OTHER: _____

☐ **NURSERY:** (Adults and responsible teenage girls are welcome to help at the nursery)
I am willing to help with nursery duty. We will inform volunteers of day and time of duty in later mailing.

☐ **GENERAL AVAILABILITY:** I am willing to assist wherever WCFS staff have need during conference. It is understood that by checking this box I am not signing my life away but will be given reasonable duties and assignments that may be refused if a conflict of interest arises.

Release and Waiver of Liability Agreement:

In consideration of my family's request to participate partially or wholly in the Wellspring Christian Family Schools' Family Leadership Conference, held at the Roxbury Holiness Campgrounds, in Roxbury, PA, beginning August 13, 2021 and ending August 15, 2021, I for myself, my family, my personal representatives, assign, heirs and next of kin do 1.) ASSUME ALL RISKS, 2.) ACCEPT ALL LIABILITY, 3.) HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Walkersville Christian Fellowship Inc., its board of Trustees and Elders, Wellspring Christian Family Schools and its board of Advisors, Superintendent, Administrator, staff, employees and volunteers, and the owners of the premises on which the several events are held (each considered on the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, LOSSES OR DAMAGES ON MY BEHALF CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND 4.) AGREE TO RESOLVE ALL DISPUTES, CLAIMS OR ALLEGATIONS (INCLUDING NEGLIGENCE) OF ANY KIND WITH THE BOARD OF TRUSTEES OF THE WALKERSVILLE CHRISTIAN FELLOWSHIP, INC. BEING THE SOLE AUTHORITY.

Sign and Date:

Signature: _____ Date: _____

Submitting Deposit and Registration

Send deposit and registration form to: info@wcfs.edu
or, WCFS 16827 Sabillasville Rd, Sabillasville, MD 21780